City of Birmingham.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1915.

BIRMINGHAM

HUDSON AND SON, PRINTERS, EDMUND STREET AND LIVERY STREET.



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PUBLIC HEALTH AND HOUSING DEPARTMENT,

THE COUNCIL HOUSE,

BIRMINGHAM,

July, 1916.

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH AND HOUSING COMMITTEE.

GENTLEMEN,

I herewith submit the Annual Report on the Health of Birmingham for the year ending December 31st, 1915, as required by the Order of the Local Government Board. The Report is somewhat shorter than usual, but covers the essential Points. In many instances the detailed figures have been worked out for future reference, but not published here.

On the whole the general health of Birmingham during 1915 may be considered satisfactory. The general death-rate was a low one. On only two previous occasions was a lower death-rate ever reported, *i.e.*, in 1910 and 1912. The incidence of infectious disease was also a relatively low one.

The comparative figures for the large towns show that Birmingham occupies a favourable position. It has the lowest general death-rate and the lowest infant mortality rate of the six largest provincial towns.

What is even more satisfactory than the favourable statistics for a single year is that there has been a progressive decline in the death-rate for a number of years, in both the central areas and in the large crowded areas peopled by the artisan classes.

The yearly reduction in the number of cases of Enteric Fever, from 842 in 1901 to 31 in 1915, is extremely satisfactory. For the same period the deaths fell from 133 to 7.

While it is pleasant to contemplate what has been accomplished in the past, it is equally important to look forward to still further improvements in the future as a result of determined and continued effort along certain general lines.

Perhaps the most pressing requirements are: (1) to educate the city dwellers to insist on getting better housing accommodation than is provided in the back-to-back courtyard houses of the central area, with its sooty atmosphere and unwhole-some environment. Fortunately, the process is already making progress, and I have

no fear in the case of Birmingham of the ultimate result. We urgently want houses for those who are at present more or less compelled to live under the bad conditions because no sanitary houses can be obtained. This work means something more than mere housing, for it requires not only proper town planning, but means of transit and attention to commercial requirements.

- (2) Next, perhaps, in immediate urgency are developments in all the numerous directions in which the health of the rising generation can be improved. Here again educational methods will suceed when others fail. The feeding and clothing and general treatment of many children is disgraceful. In most instances it is not due to poverty, but to ignorance and carelessness and thriftlessness. A good deal is being done by municipal and voluntary agencies for the mothers of young infants and children up to school age, for children at school (where the mother is usually present at the inspection), and for young girls and boys; but, like all educational work, the results are slow in showing themselves.
- (3) Those of us who took part in the medical examination of recruits have been struck by the small number of healthy young adults with reasonably good teeth—indeed, the proportion of men of about 21 years of age who could adequately chew their food was small. I believe that an enormous amount of illness would be saved if this wastage of teeth could be stopped. Much can be done by known methods to stop it, and much requires to be found out, and probably can be found out, by investigation and research.
- (4) If one takes the list of diseases on page 8, one is struck by the large number of deaths and probably larger number of cases of sickness due to diseases which should be prevented. In many of these diseases there is room for patient and continued investigation as to the methods of prevention. As yet we have devoted our attention to the ætiology and treatment rather than prevention.

The staff of the Public Health Department was considerably depleted during the year. With the favourable conditions existing, I believe that no harm has resulted in this reduction of numbers, although considerable arrears of structural and drainage work have accumulated. It was arranged that, whenever necessary, temporary augmentation should be made, but so far this has not been necessary. The staff left on duty have worked well, and cheerfully undertaken any extra duty put on them.

I am, Gentlemen,

Your obedient servant,

JOHN ROBERTSON, M.D., B.Sc.

City of Birmingham.

REPORT OF THE MEDICAL OFFICER OF HEALTH

For the year 1915.

POPULATION.

A correct estimate of the population on June 30th, 1915, is admittedly difficult to make at the present time. The local estimate made in the Public Health Department was 891,234; the estimate of the Registrar-General of the civil population for the same time was 864,545. The Registrar-General's estimate is probably inaccurate to a larger extent than the local estimate, the latter being based on the number of occupied houses in each ward of the City, and the assumption that these houses in 1915 contained as many persons per house as they contained at the Census in 1911. There is ample evidence that the influx of people into Birmingham during the past two years has been very large. There are practically no unoccupied houses of the small class, and, in many cases, two small families occupy one house which was previously occupied by one family; while a very large number of houses have taken in lodgers, so that there is every possibility of the population of Birmingham being even larger than the higher figure stated above.

MARRIAGES.

There were 9,975 marriages in 1915, as compared with 7,488 in 1914, and 7,245 in 1913. The marriage rate was, therefore, 22·4, as compared with 17·0 in 1914, and 16·9 in 1913.

BIRTHS.

There were 21,187 babies registered as born alive during the year, as against 23,207 in the previous year, and 23,812 in 1913, i.e., the number of births in 1915 was 2,625 fewer than in 1913, notwithstanding the fact that the population in the interval has increased.

The birth-rate, based on our local estimate of population, was 23.8 per 1,000, as compared with 26.4 per 1,000 and 27.3 per 1,000 in the two previous years. In England and Wales, the birth-rate for 1915 was 21.8 per 1,000, and nearly every large town in England showed a decrease in the number of babies born during the year.

The birth-rate was highest in Duddeston and Nechells ward, viz., 34·6 per 1,000; the next highest was in St. Mary's ward, where the rate was 32·8 per 1,000; the next highest again being in St. Paul's ward, with a rate of 31·8 per 1,000. It was lowest in Moseley and King's Heath ward, viz., 15·4 per 1,000; the next lowest was in Sparkhill ward, where the rate was 15·7 per 1,000; the next lowest again being in Edgbaston, with a rate of 16·2 per 1,000. There was only one ward in the whole City where the birth-rate was higher than in 1915. This was King's Norton, which had a rate of 21·5 per 1,000, as compared with 20·9 in 1914.

ILLEGITIMATE BIRTHS.

There were 702 births registered as illegitimate during the year, as compared with 698 in the preceding year, and 730 in 1913. The illegitimate births represent 3.3 per cent. of the total. It may be fairly said that the illegitimacy rate in Birmingham is a low one, as compared with many other districts. It is certainly satisfactory to note that the increase in illegitimacy in 1915, which was predicted by certain foolish people, did not take place. It may also be recorded that there was no increase shown in the incidence of venereal disease among regiments visiting the City during the year, after a careful and special watch had been kept for the purpose of obtaining information on this point.

NOTIFICATION OF BIRTHS ACT.

This Act continues to work with great smoothness, 95 per cent. of all the births being reported. In addition to 19,253 live births notified, there were 732 still births reported by doctors, midwives and others. Over 85 per cent. of all the births notified were visited by Infant Visitors or Health Visitors.

DEATHS.

There were 12,816 deaths registered in Birmingham in 1915, as compared with 13,026 in 1914, and 12,962 in 1913. Of the deaths 6,693 were of males, and 6,123 were of females; that is to say, there were, notwithstanding the large movement of the male population which has occurred, no less than 570 male deaths in excess of female. The death-rate for 1915 was 14·4 per 1,000 if based on the local estimate of the population, or 14·9 per 1,000 if based on the estimate of the civil population made by the Registrar-General.

MEAN DEATH-RATE PER 1,000.

			E	Sirminghan	n.	Eng	land and Wales.
1871-1875	(Old City)	• • •	$25 \cdot 2$			$22 \cdot 0$
1876-1880	,,	• • •		22.8		•••	20.8
1881-1885	,,	• • •	• • •	20.7	• • •	•••	19.4
1886-1890	,,	• • •	•••	20.2	• • •	•••	18.9
1891-1895	,,	• • •	• • •	20.3	• • •		18.7
1896-1900	,,	• • •	• • •	20.5	• • •	• • •	17.7
1901-1905	(Extended	City)	•••	16.5	• • •	• • •	16.0
1906-1910	,,		• • •	15.0	• • •	• • •	, 14.7
1911-1915	,,		• • •	14.6	• • •	• • •	14.1

CHIEF CAUSES OF DEATH.

				No. of Deaths in 1915.	Increase or Decrease compared with 1914.
Organic Diseases of Heart			• • •	1,256	+ 55
Bronchitis	• • •		• • •	1,219	+110
Pulmonary Tuberculosis				1,141	+ 82
Pneumonia				1,140	+ 50
Other Forms of Tuberculosis	• • •			236	+ 2
Cancer				885	+112
Diarrhœa and Enteritis				684	- 73
Old Age	• • •			637	+ 45
Cerebral Hæmorrhage	• • •	• • •		559	+ 40
Measles	• • •			420	+110
Premature Birth	• • •	• • •		401	- 91
Accidents and Negligence	• • •			401	+ 19
Infantile Debility, Icterus, etc.		• • •	• • •	359	- 87

CHIEF CAUSES OF DEATH—continued.

					No	o. of Deaths in 1915.	Increase or Decrease compared with 1914.
Nephritis and Bright's	Disea	ase		• • •		326	- 7
Convulsions (under 5)					• • •	154	- 14
Influenza			• • •			146	+ 4
Diphtheria	• • •				• • •	135	-125
Arterio-sclerosis				• • •		135	+ 25
Whooping-Cough		• • •	• • •	• • •		121	-188
Meningitis		• • •				106	- 26

COMPARATIVE DEATH-RATES IN SIX LARGEST TOWNS.

(From Registrar-General's Figures.)

Glasgow	 	 	 	 18.7	per 1,000
Birmingham		 	 	 14.8	,,
Liverpool	 	 	 • • •	 19.3	,,
Manehester	 	 	 	 17.4	,,
Sheffield	 	 	 	 17.0	,,
Leeds	 	 	 	 17.0	,,

DEATH-RATES IN WARDS.

As in former years, the death-rate in the central areas of the City was nearly twice as great as in the peripheral area. In the seven central wards, with a population of approximately 230,000, the average death-rate was 20·2 per 1,000, in the wards immediately outside these central wards, with a population of 360,000, it was 13·1 per 1,000, and in the outside wards, having a population of 270,000 the death-rate was 11·1 per 1,000.

The highest death-rate was in St. Mary's ward, viz., 24·5 per 1,000, the next highest being in St. Paul's ward, with a rate of 22·5 per 1,000, the next again being in St. Bartholomew's, with a rate of 21·8 per 1,000. The lowest mortality rate was in Yardley ward, viz., 9·3 per 1,000, the next lowest being in South Erdington, viz., 9·8 per 1,000, and the third lowest in Moseley and King's Heath, where the rate was 9·9 per 1,000.

The statistics for the three model estates for 1915 are set out below:-

	Estimated Population.	Birth-Rate per 1,000.	Death-Rate per 1,000.	Infant Mortality per 1,000 Births.
Bournville	4,123	10.4	8.0	47
Harborne Tenants	1,750	22.3	5.7	51
Ideal Estate, Bordesley Green	1,200	23.3	5.0	36
Total for three Estates, 1915	7,073	15.6	6.9	45

INFANT MORTALITY.

During 1915 2,490 infants died under one year of age, as against 2,839 in the previous year. The infant mortality rate per 1,000 infants born was 118, as compared with 122 in 1914, and 129 in 1913.

In the following table it will be noted that since definite action has been taken to lower this mortality rate a very considerable reduction has been made. The quinquennium, 1911-1915, shows a reduction of 20 per cent. on that of 1901-1905.

MEAN INFANTILE MORTALITY PER 1,000 BIRTHS.

			E	Birminghan	n.	Eng	land and Wales.
1871-1875	(Old City)	• • •		182	• • •		153
1876-1880	,,	• • •	• • •	164		• • •	145
1881-1885	,,	• • •		161	• • •	• • •	139
1886-1890	,,	• • •		173		•••	145
1891-1895	,,	• • •	• • •	176	• • •		151
1896-1900	,,	• • •	• • •	199	• • •	• • •	156
	(Extended	City)		157	• • •	• • •	138
1906-1910	,,			131	• • •	• • •	117
1911-1915	,,			126	•••		110

INFANT MORTALITY RATES IN SIX LARGEST TOWNS. (From the Registrar General's Figures.)

Glasgow		• • •				 143 per 1,000
Birmingham	• • •	• • •				 117, ,,
Liverpool		• • •	• • •	• • •	• • •	 132 ,,
Manchester		• • •	• • •	• • •	• • •	 126 ,,
Sheffield		• • •				 133 ,,
Leeds		• • •	• • •	• • •		 125 ,,

In the next table is shown the infant mortality rate for each ward in Birmingham, together with the mean rate for 4 years:—

				Infant	MORTALITY I	RATE.	
War	D.		1912.	1913.	1914.	1915.	Mean of 4 years, 1912-15
Acock's Green		•••	79	102	95	73	87
All Saints'	• • •	•••	. 98	124	135	108	116
Aston	• • •	• • • • • • • • • • • • • • • • • • • •	. 105	136	138	128	127
Balsall Heath	•••	•••	. 81	99	80	91	88
Duddeston and N	echells	•••	. 180	179	173 .	158	172
Edgbaston	• • •	•••	. 87	109	72	82	87
Erdington North		• • • • • • • • • • • • • • • • • • • •	62	68	104	84	79
Erdington South		• • • • • • • • • • • • • • • • • • • •	. 97	82	74	69	80
Handsworth		•••	. 78	69	94	94 .	84
Harborne		•••	. 87	54	53	81	69
King's Norton		•••	. 80	78	78	87	81
Ladywood		•••	. 123	159	166	126	143
Lozells	• • •	•••	. 102	100	115	102	105
Market Hall		•••	. 138	155	166	123	145
Moseley and King	's Heat	h	. 74	60	54	64	63
Northfield	• • •		. 60	63	90	123	84
Rotton Park		•••	. 112	137	134	118	125
St. Bartholomew's	3		134	205	167	180	171
St. Martin's and	Deritend	l	. 136	180	148	157	155
St. Mary's			. 194	229	195	187	201
St. Paul's			. 134	162	153	170	155
Saltley			. 109	94	109	86	99
Sandwell				79	64	106	84
Selly Oak		•••		82	70	94	76
Small Heath				113	89	86	93
Soho	•••		. 76	104	89	92	90
Sparkbrook	• • •	•••	90	98	102	87	94
Sparkhill		•••		60	75	55	63
Washwood Heath		•••	4	114	87	123	105
Yardley	•••	•••	109	67	83	56	79
1						911	

During 1915 the rate was highest in St. Mary's ward, and next highest in St. Bartholomew's ward. It was lowest in Sparkhill and Yardley.

INFANT MORTALITY DURING THE YEAR 1915.

DEATHS FROM STATED CAUSES IN WEEKS AND MONTHS UNDER ONE YEAR OF AGE.

Cause of Death.			We	eks.		Total under		Moı	nths.		Total Deaths
CAUSE OF DEATH.		0-	1-	2-	3-	one m'nth	1-	3-	6-	9-	under 1 year.
Smallpox		_	_				_	_	_	_	_
Chicken-pox			/	<u> </u>	<u> </u>	_	-	_	-		_
Measles			-	_	2	2	2	7	30	59	100
Scarlet Fever			\—	_	_	-	-		1	2	3
Whooping Congh				1	-	1	13	7	14	13	48
Diphtheria and Cronp		-	-		_		-	1	2	3	6
Erysipelas		_	-	_	2	2	3	1	-	_	6
Tuberculous Meningitis			-	_		_	-	4	5	8	17
Abdominal Tuberculosis			-	_	l —		10	8	18	3	-39
Other Tuberculous Diseases		_	-	-	_			2	6	6	14
Meningitis (not Tuberculous)		_	1	-	1	2	1	16	13	13	45
Convulsions		18	6	6	3	33	27	23	24	10	117
Laryngitis			l —	1	-	1	—		2	1	4
Bronchitis		1	5	7	10	23	40	39	43	39	184
Pneumonia (all Forms)		1	3	3	1	8	29	55	90	76	258
Diarrhœa	• • •	1	1	1	4	7	32	62	36	15	152
Enteritis		3	2	5	7	17	80	98	71	61	327
Gastritis	• • •	2	1	3	3	9	24	13	4	5	55
Syphilis		1	1	2	-	4	9	8	3	_	24
Rickets			_		<u> </u>	-	1	2	5	2	10
Suffocation (Overlying)		3	2	6	6	17	34	21	6	1	79
Injury at Birth		11	_	_	1	12	-	-		-	12
Atelectasis		19	5	1	<u> </u>	25	2	-	_	—	27
Congenital Malformations		20	10	10	4	44	20	12	4	2	82
Premature Birth		293	26	32	16	367	30	3	_	1	401
Atrophy, Debility and Marasmus		75	27	27	16	145	88	61	26	15	335
Other causes	• • •	36	12	10	6	64	25	18	19	19	145
All causes	•••	484	102	115	82	783	470	461	422	354	2,490

The above causes of death are summarised in the following table:-

				1915.	. 1914.
Prematurity and Malformation		• • •	• • •	483	583
Diarrhæal Diseases	• • •	•••	• • •	479	529
Bronchitis and Pneumonia		•••	• • •	442	450
Debility and Marasmus, etc.		•••		359	435
Convulsions and Meningitis	• • •	• • •	• • •	162	180
Measles and Whooping Cough		•••	• • •	148	191
Suffocation				79	87
Tubercular Diseases	• • •	• • •		70	73
Syphilis	• • •	• • •	• • •	24	33
Scarlet Fever and Diphtheria	• • •			9	12
Other causes	• • •	• • •	• • •	235	266

It will be noted that in every one of these causes of death the number for 1915 is lower than in 1914.

PREVENTION OF INFANT MORTALITY.

In previous annual reports a good deal of attention has been paid to the general scheme for preventing infant mortality and to the organisations, both municipal and voluntary, which are in operation in the City. It will probably, therefore, suffice on this occasion if only the new features of the work arranged in 1915 are mentioned.

- (1) As the result of the passing of the Notification of Births (Extension) Act, 1915, a Sub-Committee of the Public Health Committee has been appointed to deal with all matters relating to infant mortality, or rather to deal with infant welfare work in its many ramifications. Two ladies have been co-opted on this Committee, and have been at work since November 9th, 1915.
- (2) Two new municipal centres, viz., Hope Street and St. Vincent Street, have been opened during the year, and all the preliminary steps were taken for the completion of three new municipal centres in 1916 and several new voluntary centres. This was made possible by the City Council approving of a report from the Public Health Committee as follows:-

"Your Committee propose to proceed with the establishment of four additional Centres in accordance with the authority of the Council already given them. It is intended to establish one in the Hockley district, one in Aston, and one in Saltley. The situation of the other Centre has not been definitely decided. In each case it is intended to rent suitable premises and to adapt

them for the purpose proposed.
"With regard to Welfare Centres in other districts which are not covered by existing or proposed Centres, and especially in outlying wards, your Committee are of opinion that the best, as well as the most economical, method of procedure is to encourage private effort to establish Centres. This is in accordance with the opinion of the Local Government Board, who advise that the services of efficient voluntary agencies should be utilised as far as possible. A good deal of valuable work is already being done by voluntary agencies, and the following Centres are in operation :-

Birmingham Infant Health Society, River Street, Deritend.

Settlement Guild of Mothers, Staniforth Street.

Selly Oak School for Mothers.

Stirchley School for Mothers.

Maternity Hospital Infant Consultation, Loveday Street.

South Edgbaston School for Mothers, Latimer Street.

"With the object, therefore, of encouraging the setting-up of additional voluntary Centres, your Committee recommend that they be authorised to contribute two-thirds of the approved current expenditure of such Centres, subject to the condition that a paid medical officer and an adequate number of trained women workers are employed at each Centre, and that the premises and equipment are satisfactory. They estimate that the approved annual expenditure of such institutions will not exceed £300. In that case £200 per annum will be the amount of the Committee's contribution, and one-half of this sum will be repaid by the Local Government Board. Your Committee estimate that if this recommendation is approved, they may, during the next financial year, be asked to make contributions to eight Voluntary Centres, including some of the existing Centres, making a total payment of £1,600 per annum, or a net cost to the Corporation of £800 per annum. They believe the sum for next year is likely to be under rather than over this amount, as it is improbable that new Centres, even if established, would be in full working order for the whole year, but the estimate is given with the intention of letting the Council know what, so far as your Committee can judge, is likely to be the highest expenditure for the ensuing financial year.

"It will be seen that the method of procedure proposed by your Committee will result in the cost of the work being equally divided between private subscribers, the local rate, and national funds. It also has the advantage of enlisting local interest in the Centres."

- (3) Home Visiting.—Each of the Birmingham Centres, both municipal and voluntary, has allotted to it a defined area. Every birth taking place in a poor class house is reported to the Centre for the district, and visits are paid with a view to getting the mothers to come up to the Centre with their babies for advice before illness occurs. The Centre does not in any way assume the functions of a doctor treating a patient for a disease already existing. When any case of serious illness occurs the infant is referred to its own family doctor. Without this home visiting, a good many mothers would either not know of the existence of the Centre, or, in the case of the careless mothers, would neglect to avail themselves of it.
- (4) Pre-natal work.—The statistics of infant mortality show that a very large number of infants die prematurely, or die from debility and marasmus shortly after birth, these deaths being due to maternal conditions which, in a considerable number of cases, can be prevented. It has, therefore, been arranged that on one or more days in each week attendance shall be given at the Centres to enable the medical officer to give advice to mothers about their own health. Here again the whole idea is the prevention of disease, and when an illness occurs which requires skilled medical treatment, the mother is referred to her doctor or to a hospital, as the case may be.

- (5) The relationship between the Centre and the midwives practising in the district is of the greatest importance, and midwives have been asked to co-operate with the Centres whenever they come across pregnant women who appear not to be in good health, or women who otherwise are not taking proper precautions in regard to their own health.
- (6) At each of the municipal centres, and those voluntary ones which receive a municipal grant, it is the desire of the Sub-Committee that the giving of the best class of medical advice in hygiene should be the most important feature of the institution. Around this medical advice on hygiene there can be developed a very large amount of useful preventive work by non-medical people, and a great deal of assistance can be given to the medical officer in ensuring that the medical instructions are properly carried out. For this purpose one or two capable trained infant welfare workers are needed at each Centre. Then, at these Centres much good can be done by others, not so highly trained, in the direction of thrift clubs and in organising the teaching of cookery, patching, sewing, etc., housewifery, and many other subjects.
- (7) There is great need for investigation work into the subject of the prevention of diseases, some of which show themselves during early years, while others do not appear until later in life. For instance, a very large number of the population of these islands have teeth so defective that they cannot masticate their food properly, and in many others the septic condition of the gums is such that this is possibly the cause of illnesses little associated with the teeth at the present time; yet the correct treatment, both hygienically and from a dietetic point of view, commences in infancy, but, unfortunately, there is not as yet general agreement as to the best method of procedure. There are many other subjects which need to be taken in hand and worked out in regard to Maternity and Infant Welfare Centres before the best results can be obtained.

WORK AT THE MUNICIPAL CENTRES DURING 1915.

It is practically impossible to make a record of work of this character which will convey adequately its nature or extent. The figures given in the following tables merely indicate the amount of material among which work was carried on:—

	Darwin Street Centre.	Hope Street Centre.	New John Street West Centre.		Windsor Street Centre.	Total.
Births notified	1,692	897	1,252	1,379	1,412	6,632
Primary Visits paid	1,575	824	1,283	1,385	1,443	6,510
Attended by Doctor	384	247	225	468	293	1,617
Attended by Midwife	1,154	553	1,022	$\dot{8}65$	1,099	4,693
In Institutions	37	24	36	52	51	200
No. of Still births	50	20	18	48	48	184
No. of Illegitimate Births	38	22	10	32	27	129
No. of Premature Births	61	29	20	48	87	245
Condition of Baby at First				i		
Visit—Good	1,393	706	1,112	1,099	1,130	5,440
Fair	70	71	107	197	196	641
Bad	21	11	13	30	57	132
Dead	91	36	51	59	60	297
Health of Mother—Good	1,389	687	1,096	1,158	1,223	5,553
Fair	146	105	178	147	170	746
Bad	37	30	8	75	43	193
Dead	3	2	1	5	7	18
Periodical Revisits	3,514	3,366	4,163	3,317	5,688	20,048
Revisits for special purposes	472	368	1,256	124	437	2,657
Visits after death	63	56	108	29	82	338
Final visits at 1 year	349	267	965	887	939	3,407
No. of Babies brought to con-						
sultations	573	540	891	785	421	3,210
Total attendances at consulta-						
tion—Under 1 year	2,654	2,224	2,660	2,403	1,138	11,079
Over 1 year	200	261	367	437	96	1,361

FEEDING OF EXPECTANT MOTHERS.

As in former years, the feeding of expectant and nursing mothers who were in a starving condition was carried out at two Centres, with very good results. Most of the mothers who were fed were the wives of men who were ill, and, therefore, out of work, or were the wives of ne'er-do-well husbands, and were struggling to bring up their families reasonably. About 2,500 meals were provided at the two Centres A and B, associated with the municipal consultations. For next year, 1917, a grant of £100 has been made, which, with voluntary subscriptions, will enable one or two further Centres to be carried on if required.

INFECTIOUS DISEASES.

The deaths during the year from certain of the more important infectious diseases are set out in the statement below:—

Disease.					Deaths in 1915.		Average 1905-14.		Above or below the average.
Enteric Fever		•••	• • •	• • •	7	•••	41	• • •	- 34
Smallpox		•••	• • •	•••	0		0		
Measles		•••			420		345		+ 75
Scarlet Fever					61	• • •	121		- 60
Whooping Cor	igh	•••	• • •		121		262		-141
Diphtheria		• • •			135		152		- 17
Diarrhea and	$\mathbf{E}_{\mathbf{I}}$	nteritis			684	•••	821		-137
Pulmonary Tu	ıbeı	culosis			1,141		987		+154
Other Forms	of '	Tuberculo	sis		236		277		- 41

The prevalence of the chief notifiable diseases is shown in the next table :-

Disease.			Cases in 1915.		Average 1905-14.		Above or below the average.
Enteric Fever	• • •	• • •	31		192		-161
Smallpox			0		4	• • •	- 4
Scarlet Fever	•••	• • •	2,978		4,646	• • •	-1,668
Diphtheria			1,072		1,158		- 86
Erysipelas	•••		728	• • •	797		- 69
Pulmonary Tuberculosis	• • •		3,027		—		_
Other forms of Tuberculos	sis		491		_		—
Cerebro-Spinal Fever			52		_		
Acute Poliomyelitis	• • •		8			• • •	_
Puerperal Fever			161		65		+ 96
Ophthalmia Neonatorum		• • •	324		_		

In addition to the above the following cases were reported by the elementary school teachers:—

				1915.	1914.	1913.
Measles		• • •	•••	8,144	4,612	3,661
German Measles		•••	•••	680	61	85
Whooping Cough	• • •	• • •		2,349	4,381	2,638
Chicken Pox		•••	•••	4,829	2,973	$2,\!422$
Mumps		•••	•••	$4,\!459$	$2,\!285$	4,253

ENTERIC FEVER.

There were 31 cases of Enteric Fever notified, with 7 deaths, in Birmingham in 1915. This is our best record so far, and contrasts very favourably with 842 cases and 133 deaths in 1901.

A few of the 31 cases were undoubtedly imported, while others appeared not to be imported. No case was apparently due to a milk outbreak, but several may possibly have been due to shellfish. It is probable that all the 31 cases were true cases of Enteric Fever.

SMALLPOX.

No case of Smallpox was reported in 1915. During the year there were 78 cases notified in England and Wales in 20 sanitary districts, and there were 12 cases taken from ships arriving in ports.

VACCINATION.

The following statement shows the amount of vaccination performed in regard to infants whose births were registered during the year ending June 30th, 1915:—

Births returned	 23,132
Conscientious objections	 3,153, or $13.6%$ of total.
Died unvaccinated	 2,067
Successfully vaccinated	 14,861, or $70.5%$ of survivors.
Insusceptible	 74, or 0.4%
Postponed by medical certificate	 611, or 2.9 %,
Removed to other districts	 232, or 1.1%
Lost sight of	 1,299, or 6.2%
Still under notice	 834, or 4.0%

MEASLES.

There were 420 deaths due to Measles, most of which occurred in the early months of the year. In the preceding year there were 310 deaths, and in 1912, 398 deaths. There were 8,144 cases reported from schools and by health visitors.

The numbers of deaths at ages were as follows:-

Under 1	У	ear			• • •	• • •	• • •		 100
Between	1	and	1 2	years	• • •	• • •	• • •	• • •	 161
,,	2	2.7	3	,,				• • •	 78
,,	3	9.9	4	"					 33
,,						• • •	• • •	• • •	 17
7,7					• • •	• • •	• • •	• • •	 29
10 and				•••		•••	• • •	•••	 2

Towards the end of 1914 the Public Health and Housing Committee authorised the engagement of the services of skilled nurses from the Birmingham District Nursing Society to look after children in certain of the poorer districts who were suffering from measles. There appears to be no doubt that this experiment, small as it was, had the effect of reducing the mortality in the district. Indeed, the results were so good that the Committee felt justified in providing for nurses in any future epidemic, should the disease be of a severe type.

Towards the end of 1915 measles again became prevalent. This time, however, the disease was so mild that very few deaths occurred—indeed, the deaths were so few and the cases so mild, that it was not thought desirable to commence the employment of nurses.

SCARLET FEVER.

There were 2,978 cases of Scarlet Fever notified, as compared with 6,764 in 1914, and 61 deaths, as compared with 148. It will be remembered that in the years 1912 and 1913 a large prevalence of Scarlet Fever occurred, and that this continued to diminish during 1914. The year 1915 was, therefore, one of the years when the incidence was lower than usual. As in non-epidemic times, the fatality rate was a relatively low one, viz., 2.05 per cent., and the death-rate .07 per 1,000.

A short report on the cases treated at the hospitals will be found under the heading "City Hospitals."

During the year 2,107 true cases of Scarlet Fever were removed to the infectious diseases hospitals with a fatality rate of 2.6 per cent., while 871 cases were nursed at home, with a fatality rate of 0.8 per cent.

As in former years, inquiry has been made as to the occurrence of secondary cases of Scarlet Fever in houses from which a first case was removed to hospital, and also in regard to houses where the first case was nursed at home. Excluding public institutions, there were 2,356 houses invaded during the year, and in 313 of these a secondary case occurred in the same house not less than three days after the first case was discovered nor more than 28 days after its return from hospital or release from isolation. In the houses from which the primary case was removed there were 7,531 inmates left, and of these 252 developed Scarlet Fever, equal to 3·3 per cent. of secondary cases. In the houses where the first case was nursed at home there were 2,743 other inmates, and, of these, 61 contracted Scarlet Fever, or 2·2 per cent.

Return cases of Scarlet Fever. These are cases occurring in a house within 28 days of the return from hospital or release from isolation of an infected case.

TABLE SHOWING RETURN CASES OF SCARLET FEVER.

Year.			Notified Cases.	Return Cases.	Percentage of Return Cases.	Infecting Cases.
1908	• • •	 	$2,\!275$	105	$4 \cdot 6$	75
1909		 	2,871	114	$4 \cdot 0$	101
1910		 	2,709	133	4.9	120
1911		 	$2,\!258$	142	6.3	110
1912*		 	$5,\!505$	304	$5.\overline{5}$	248
1913*		 	8,447	449	5.3	354
1914*		 	6,764	402	5.9	314
1915*		 	2,978	147	4.9	126

No hospital was free from return cases during 1915, the number of cases at each of the hospitals being as follows:—

* Extended City.

Hospital.		A	dmissions.	Return Cases.	Percentage of Return Cases.
Little Bromwich	• • •		1,834	92	5.0
*Lodge Road			227	15	$6 \cdot 6$
West Heath			226	9	$4 \cdot 0$
†Witton	• • •	• • •	69	10	14.5

^{*} Up to September 23rd only.
† Up to February 19th only.

WHOOPING COUGH.

This disease caused the deaths of 121 young children during 1915, as against 309 in 1914, and 163 in 1913. The number of deaths about every second year appears to be nearly double what it was in the intervening year. As in the case of measles, the age at death of these patients does not represent the number of cases occurring at the various ages, because the disease is enormously more fatal at the earlier than the later ages.

During 1915 the age at death was as follows:—

Under 1 year			• • •		48	deaths.
1 and under 2 years	•••	• • •	• • •	• • •	36	,,
2 ,, 3 ,,		• • •	• • •	• • •	17	,,
3 ,, 4 ,,	• • •	•••	• • •	• • •		
4 ,, 5 ,,	• • •		• • •	•••		,,
All over 5 years	• • •			• • •	5	,,

The number of cases of Whooping Cough reported from schools was 2,349 during 1915, as compared with 4,381 in 1914.

DIPHTHERIA AND CROUP.

The cases of this disease declined both in number and in severity during 1915, as compared with 1914. There were 1,072 persons attacked, of whom 135 died, as compared with 1,623 cases and 260 deaths in 1914.

The fatality rate was 13 per cent., as against 16 and 17 per cent. in the two preceding years. Towards the end of 1915 the cases of Diphtheria removed to hospital were dealt with at Little Bromwich Hospital instead of, as formerly, at Lodge Road Hospital.

There is still delay in dealing with cases of Diphtheria. This is mainly due to the fact that the medical practitioner is not called in until the child has been sick for some days. In addition, there is, in a good many instances, some slight delay in notifying the case. In many cases the medical man hesitates about the diagnosis or depends on a report sent by post as the means of informing the Public Health Department of the disease. In all cases of doubt the patient should be sent to the hospital with a note indicating the doubtful nature of the disease, and the case would then be isolated and dealt with.

DIARRHŒA AND ENTERITIS.

There were 684 deaths from this group of diseases during 1915. This is equal to a death-rate of ·77 per 1,000 as compared with death-rates of ·87 in 1914 and 1·11 in 1913. The death-rate from this disease cannot be considered satisfactory. As will be seen from the table below, it was a better one than in many of the preceding years, but it is unsatisfactory that nearly 700 deaths, mostly of young children, should have occurred from what is an obviously preventable disease.

To deal first with the temperature and rainfall during the summer, it may be said, generally, that the year was cool and wet. May and June were average months as regards temperature, but July, on the other hand, was distinctly cold and wet, while there was no excessive heat in August and September. The main facts in these respects with regard to previous years are set out for the third quarter of each year since 1901 in the table below:—

	Deaths from Diarrhœa and Enteritis.	Death-rate per 1,000	Maximum Air Temperature*	Days with 75° or over.*	Maximum Soil Temperature (4ft. deep).*	Amount of Rain.*
1901	1,320	1.74	88.0	17	56.0	5.91
1902	634	·82	81.4	4	53.9	7.51
1903	921	1.19	83.8	4	53.8	9.85
1904	1,422	1.82	81.8	16	55.8	5.75
1905	839	1.06	80.3	7	$55 \cdot 4$	7.33
1906	1,439	1.80	90.6	15	56.2	2.97
1907	511	.63	76.8	1	$53 \cdot 2$	6.08
1908	873	1.06	82.0	7	$54 \cdot 2$	6.94
1909	535	•65	84.4	9	54.3	7.63
1910	541	.65	73.9	0	$53 \cdot 2$	8.24
1911	1,390	1.65	93.9	40	57.2	3.27
1912	346	•41	$82 \cdot 2$	4	53.9	10.99
1913	970	1.11	79.4	6	54.0	4.51
1914	767	·87	82.6	8	5 5 ·3	7.00
1915	684	.77	74.6	0	54.3	8.34

^{*}In the third quarter of the year.

To deal next with the distribution of the deaths from this disease, the four wards in the city with the largest number of deaths were as follows:—St. Mary's, 98; St. Martin's, 58; Duddeston and Nechells, 55; and St. Bartholomew's, 53; the wards with the lowest numbers being Moseley and King's Heath, 1; Sparkhill, 2; Northfield 2; Yardley, 3; and Erdington North, 3.

The opinion expressed in previous years that this disease is largely due to ignorance and carelessness in ensuring that the food and the whole surroundings of the young infant shall be kept at a high state of cleanliness is emphasised by these figures, and anyone who takes the ward death-rates from this disease could form a fairly accurate judgment as to the conditions under which the people live from the death-rate due to Diarrhæa and Enteritis. The milk and other food which the infants get in the bad areas are allowed to become unnecessarily contaminated to such an extent as to set up the disease, and it is, therefore, of the highest importance in these areas that breast feeding should be inculcated in everyone. Almost equally important is the fact that the most scrupulous cleanliness in the case of the clothing and surroundings of young infants is absolutely necessary if such a filth disease as Diarrhæa and Enteritis is to be warded off.

From the above remarks it will be obvious how important a function is being played by the Health Visitors in their visitation from house to house, and by the Infant Welfare Centres, where frequently the same instruction is given more pointedly when a baby is ailing than can be done in the dwelling house. It seems obvious that two things are necessary in abating this scourge, viz.: (1) that the inhabitants shall have reasonable facilities in the way of housing accommodation and the absence of filth nuisances in the proximity of the dwellings; and (2) that the general education as to what is or what is not harmful should be improved very much.

A good deal has been done in the direction of removing nuisances which were liable to spread infection. During the summer of 1915 great attention was paid to the removal of horse manure, and for this purpose an illustrated booklet was issued to each of the owners of stables. The Cleansing Department were also asked to ensure in the densely crowded areas of the city that ashbins were emptied at least once a week, and a great many owners were required to provide covered bins.

A great deal, however, requires to be done in addition to this. The living room in the poorer class dwelling in Birmingham opens directly on the street front or on to a back yard. In the case of a house facing the street, dust containing horse dung in large quantities is blown into the house and into the foods therein. In the case of the common court-yard it is true that it is everybody's duty to keep this clean, but in practice very little effective cleaning is done, and there is a good deal of what the people think is harmless organic matter thrown on the yard at various times which in the form of dust gets blown into the houses. There undoubtedly needs to be a much greater standard of municipal cleanliness in areas where these small houses open on to the street or on to the back yard than in the areas where a front garden separates the dwelling from the road.

Again, many of the smaller houses have no place whatever in which to store food. One regularly sees in many of the houses the whole of the food possessed by the household left on the table from one meal to another, with no attempt to cover it. It seems to be absolutely necessary that an adequate food cupboard should be provided, particularly one that cannot be used for other purposes.

So far as the education of the mothers is concerned, distinct progress was made during 1915. A larger number of paid workers are employed, either as Health Visitors, or Infant Welfare workers, or workers attached to voluntary organisations, and are daily giving instructions to mothers.

To each house in the poorer areas of the city a handbill, a copy of which is printed on opposite page, was distributed early in the fly season.

PREVENT ILLNESS FROM FLIES.

HOUSE FLIES have been proved to SPREAD MANY DISEASES. They are probably the MAIN CAUSE of spreading Summer DIARRHŒA.

FLIES WALK IN FILTH of all kinds and then WIPE THEIR FEET ON OUR FOOD. Householders can PREVENT THE FLY NUISANCE:

- 1. By KEEPING THE ASHBIN ALWAYS COVERED. This prevents Flies getting in to feed.
- 2. By GETTING RID OF ANY REFUSE in the yard or garden, particularly dung of any kind.
- 3. By KEEPING THE YARD CLEAN by frequent sweeping, and particularly by seeing that animal refuse, such as droppings and other filth, is put in the Ashbin.
- 4. KEEPING FOOD COVERED with muslin to keep off Flies, particularly from milk, sugar, and other sweet things.
- 5. KILLING FLIES by Fly papers, or by placing a saucer at the window with milk and sugar and a teaspoonful of Formalin.
- 6. HOUSE FLIES HATE CLEANLINESS and cannot live where the surroundings are clean.

The comparative figures of mortality per 1,000 births from Epidemic Diarrhea during the third quarter of the year and relating to infants under two years of age were as follows:—

London				54.0	Bradford		• • •		37.5
Birmingham		• • •	• • •	$63 \cdot 7$	Hull			•••	9 7 ·3
Liverpool	• • •			$83 \cdot 4$	Newcastle	• • •			41.7
Manchester		•••		60.5	Portsmouth	• • •	• • •		18.1
Leeds	•••	• • •		$72 \cdot 8$	Salford		• • •		81.6
Sheffield	• • •			82.7	Leicester		• • •	• • •	98.3
Bristol		•••		36.9	Nottingham	• • •	• • •		59.9
West Ham	• • •	• • •	•••	$76 \cdot 2$	Stoke	• • •		• • •	44.0

TUBERCULOSIS.

In the annual report for 1914 a note was made of the difficulty experienced in dealing with the subject of Tuberculosis, on account of the fact that a very large number of people are attacked, the majority of whom recover without themselves being aware, or, indeed, their medical attendant being aware, of the fact that Tuberculosis existed. One is, therefore, not dealing with the total number of cases of Tuberculosis existing in the city, but with the total number of obviously recognisable cases. The number of cases, therefore, will vary according to the efficiency of the medical examination of the patients. As a result, too much reliance must not be placed upon the reduction in the number of notified cases of Tuberculosis which occurred during 1915. The figures for the last four years were as follows:—

1912.	1913.		1914.	1915.
4,394	 4,229	• • •	3,317	 3,027

The number of deaths from Pulmonary Tuberculosis and the death-rate in Birmingham and in England and Wales since 1901 are as follows:—

		No.		Death-rate		Death-rate
		of		in,		in England
		Deaths.		Birmingham.		and Wales.
1901	• • •	1120		1.47	• • •	1.26
1902	•••	1071	• • •	1.38	•••	1.23
1903	• • •	992	• • •	1.28	• • •	1.21
1904	• • •	1018	• • •	1.30	•••	1.24
1905	• • •	994		1.26		1.14
1906	• • •	908	• • •	1.14	• • •	1.16
1907	• • •	898		1.11	• • •	1.15
1908		1021	• • •	1.24	• • •	$1 \cdot 12$
1909	• • •	1008	• • •	$1{\cdot}22$		1.09
1910	• • •	898	• • •	1.08	• • •	1.01
1911	• • •	958	• • •	1.14		1.08
1912	• • •	1088		1.28		1.04
1913	•••	1041		1.19		1.01
1914		1059	• • •	1.20	• • •	1.04
1915		1141	• • •	1.28	• • •	

It will be seen from the above that during recent years there is no very marked evidence of a rapid decline in the death-rate from Pulmonary Tuberculosis in the city. This is what was expected as the result of the very much greater attention which is being paid to the Tuberculous person now than formerly. Once a case has been notified it is unlikely that the fact of the patient having suffered from Tuberculosis will be overlooked in the death certificate, as was done very frequently in past years. No one, therefore, need be apprehensive that all the money which is being expended is unproductive. In 1914 it was said that approximately the fatality from this disease was 32 per cent. for that particular year. For 1915 it was approximately 37 per cent., that is to say, out of every 100 new cases reported 63 will recover and 37 will die.

As in former years, the mortality from Tuberculosis was much higher in the central areas of the city than in the suburban areas, the incidence being two or three times greater in the centre than in the suburban areas. It used to be thought that the incidence of Pulmonary Tuberculosis was enormously higher among males when only the mortality rate was available, but now that cases are notified it is found that the incidence is only slightly higher among males than among females. During the year 1915 1,545 males were notified to be suffering from the disease and 1,482 females, while the mortality rate per 1,000 among males was 1.72 and among females 0.89.

Non-Pulmonary Tuberculosis.

There were 491 new cases notified during the year, with 236 deaths. The relative incidence of this disease is indicated by the mortality as shown below:—

MODELLINY	EDOM	ОТИТЕР	FORMS	OF	TUBERCULOSIS.
WIOKTALITY	PRUM	OTHEK	T ORMS	OF.	T UBERCULOSIS.

		No. of Deaths.		Death-rate in Birmingham.		Death-rate in England and Wales.
1901		395	• • •	•52	•••	.54
1902		285		·37	• • •	$\cdot 51$
1903	• • •	370		· 4 8	•••	.54
1904	• • •	351	•••	· 4 5	•••	.54
1905		322		·41	•••	· 4 9
1906		295	• • •	•37	•••	.50
1907		343		· 4 3		·47
1908	• • •	287	•••	·35	•••	·47
1909	• • •	248		•30	•••	· 4 5
1910	•••	270	•••	$\cdot 32$		$\cdot 42$
1911		272		•32	•••	∙38
1912		204		$\cdot 24$		∙33
1 913		300	•••	·34	• • •	•34
1914	• • •	234	•••	$\cdot 27$	•••	·32
1915		236	•••	.27	•••	_

Unlike Pulmonary Tuberculosis, there is a definite indication not only in Birmingham but in the figures for England and Wales that the disease is diminishing in its fatal form. It will be noted also that the disease causes a lower deathrate in Birmingham than in the whole of England and Wales.

The next table shows the number of cases of each type of Non-Pulmonary Tuberculosis notified and the total deaths:—

				Cases notified.	Deaths not notified as cases.	Total Deaths.
Tubercular Meningitis				45	32	71
Abdominal Tuberculosis	• • •			129	37	91
Tuberculosis of Spine				17	10	14
Tuberculosis of Joints				29	3	8
Tuberculosis of other orga	ans, m	ostly	glands	242	11	15
Disseminated Tuberculosis			•••	29	19	37

ಣ

Notified Cases of Non-Pulmonary Tuberculosis, 1915.

Finales Total DISSEMINATED. ಣ ಣ Total <u>-</u> ∞ OTHER ORGANS. Males F'males ∞ Total JOINTS. Males F'males en Total ಣ ಣ Males Funules SPINE. က ಣ Males Finales Total Ø ಣ ABDOMINAL. coಣ က Ç $^{\circ}$ $^{\circ}$ Males Finales Total Ľ-MENINGITIS. ಣ ಬ : : : : : Ø ಣ ಬ : Under 1 year 1 and under All Ages Over 65

ADMINISTRATIVE PROCEDURE.

Precisely similar procedure was adopted during 1915 as in the previous year, except, indeed, in so far that there was some slight alteration in the hospital and sanatorium arrangements and the attention paid to tubercular patients was even more defined in 1915 than in 1914. This statement is true in all departments of the work, not only in the house to house visitation of the patients and in the examination of them at the Tuberculosis Dispensary, but also in the rapidity with which selected cases were admitted to the Sanatorium and as to the number of hospital cases admitted to the hospitals.

REPORT ON THE TREATMENT OF TUBERCULOSIS.

(By Dr Dixon, Chief Tuberculosis Officer.)

A large proportion of the treatment of Pulmonary Tuberculosis in Birmingham is undertaken in institutions under the control of the Public Health Department, by the General Hospitals, and by institutions working in conjunction with, and in some instances subsidised by, the Municipal Authority; included amongst the latter are the Romsley Hill Sanatorium, with 140 beds, 120 of which are reserved for patients sent in by the Public Health Department; and the Special Department of the General Dispensary in Great Charles Street.

The doctors on the panel of the Local Insurance Committee and private practitioners also treat a number of tuberculous persons.

The institutions engaged in the treatment of Pulmonary Tuberculosis are:-

The Anti-Tuberculosis Centre, 44a Broad Street (Municipal), the medical staff of which is: Dr. G. B. Dixon, Chief Tuberculosis Officer; Dr. J. R. McGregor, Dr. S. H. Stewart and Dr. E. Glover, Tuberculosis Officers. With the exception of Dr. Glover, who is also Medical Superintendent of Salterley Grange. these doctors constitute the staff of the Yardley Road Sanatorium. In addition, there is a part-time staff of two doctors who assist in the evening work of treatment.

The Yardley Road Sanatorium (288 beds) (Municipal), situated within the city boundary. Medical Superintendent, Dr. G. B. Dixon; Resident Medical Officers, Dr. J. R. McGregor and Dr. S. H. Stewart; Matron, Miss Moore.

The Salterley Grange Sanatorium, near Cheltenham (Municipal), 97 beds. Medical Superintendent, Dr. E. Glover; Matron, Miss Mason.

The West Heath Hospital (Municipal) has 58 beds for the treatment of acute cases of Pulmonary Tuberculosis. Temporary Visiting Medical Superintendent, Dr. Aldridge; Matron, Miss Bywater.

Witton Hospital (Municipal) has accommodation for 70 female patients who are suffering from Pulmonary Tuberculosis. Temporary Visiting Medical Superintendent, Dr. P. Campbell; Matron, Miss Thornton.

The Romsley Hill Sanatorium (Birmingham Hospital Saturday Fund), 140 beds, of which 120 are rented by the Public Health Committee, which are filled, when possible, by patients subscribing to the Hospital Saturday Fund. Medical Superintendent, Dr. P. Allan; Matron, Miss Murray.

The Special Department, General Dispensary, Great Charles Street, is an out-patient department for the treatment of Tuberculosis; it is a unit for the treatment of Tuberculosis in the Municipal Scheme, and receives a subsidy from the City Council. Medical Superintendent, Dr. Carver; Assistant, Dr. Moorhead.

In April, 1915, certain Hospitals belonging to the Guardians of the Poor of this city were required for military purposes; in consequence, arrangements were made whereby the Public Health Committee undertook the residential institutional treatment of Poor-Law patients suffering from Pulmonary Tuberculosis. To treat this increased number of patients, the two existing pavilions for male patients at Yardley Road Sanatorium were reserved for Poor-Law male patients, a third pavilion was reconstructed and opened, three large pavilions for day use were built, and other structural alterations made, increasing the total number of beds from 199 to 288; the beds for male patients at Yardley Road Sanatorium being occupied entirely by the Guardians' patients, with the exception of four observation beds.

To make good the number of beds available for insured and other persons after this arrangement, additional beds were provided at both Salterley Grange and Romsley Hill Sanatoria, providing accommodation for 30 patients respectively in each. The number of beds available at West Heath Hospital for Tuberculous patients was also increased by 12.

Witton Hospital, with 70 beds, is reserved entirely for Poor-Law female Tuberculous patients. The patients admitted by the Guardians to the men's pavilions at Yardley Road Sanatorium and to the Witton Hospital are necessarily sent in without any medical selection being made; as a result they often include those whose capability for employment is past; in fact, a certain number are admitted in a dying condition. I refer to this because the mortality rate of the Poor-Law cases is very much higher than that of the other patients.

THE ANTI-TUBERCULOSIS CENTRE.

All cases of Pulmonary Tuberculosis (notified to the Medical Officer of Health) who desire treatment are examined at the Anti-Tuberculosis Centre, Broad Street, and a suitable form of treatment is decided upon, at the same time useful advice and instruction are given on the subjects of dietary, ventilation, sputum collection and disinfection, and occupation, etc.

In some instances it is possible to commence treatment at the Centre at once, preliminary Sanatorium treatment not being necessary, and in most of these cases the patient is able to continue employment whilst receiving treatment. Those requiring Sanatorium treatment are sent for varying

periods to one of the Sanatoria mentioned above.

In a large city there can be no doubt about the utility of giving a period of residential treatment to as many patients as possible. Early cases of tuberculosis are greatly benefitted if ultimate arrest of the disease is expected, and advanced infective cases, who show no prospect of arrest, should receive, when the necessary beds are available, a short period of residential treatment in order to obtain practical experience of the methods necessary to prevent infection.

The time spent in the Sanatorium is for varying periods, and has to be largely determined by

circumstances and conditions surrounding each patient.

As far as possible the beds at Salterley Grange are reserved for those whose disease is such

that arrest may be looked for.

Patients with acute extensive disease requiring prolonged and complete rest are received into the West Heath Hospital. Others whose disease is in an intermediate condition are treated in the pavilious for females and children at Yardley Road and at Romsley Hill Sanatoria.

Poor-Law male patients are treated at Yardley Road and the females at Witton Hospital.

Whilst in the Sanatoria patients experience the advantage of living in the open air, they have the benefit of a generous supply of good food, their sputum is carefully collected and destroyed, and the period of time to be spent in rest and exercise is supervised daily. In addition, they receive useful instruction on all these points, which teaches them how to convert their own homes into modified Sanatoria, where they may live without infecting their relatives, and with a prospect of having their disease arrested when it is not too advanced.

On their return from the Sanatoria they are again examined at the Centre, where many continue to attend as out-patients; some, however, return to their own doctors. The patients attending the Centre are examined from time to time, and those who have been patients in the past are

re-examined again after varying intervals of time.

The Anti-Tuberculosis Centre is open daily, including the evenings, on five days a week, and on Saturdays for half the day. New patients are examined and old patients are re-examined by appointment, during the mornings and afternoons.

Treatment is given during the evenings to those who are working, and in the afternoons to

children and those women and men who are not working.

Those who have been in contact with persons suffering from Tuberculosis are examined at

appointed times convenient for them.

During the calendar year, which differs slightly from the registration year, the total number of attendances at the Centre was 42,544; this number includes the attendances both for treatment and examination.

2,589 new patients (including contacts) were examined during the year. Of these 2,589 new patients examined, 1,678 were recommended for initial treatment in a Sanatorium, this being essential in many cases both for the purpose of education and of treatment. It is too frequently impossible to get patients to adopt even the most simple form of Sanatorium method at home without first receiving practical instruction in a Sanatorium, and without this out-patient treatment loses much of its utility. In addition to the new patients we examined, there were 2,731 re-examinations of other patients.

The total number of contacts or suspects examined and classified was 845; not included in this number are 108 who at the end of the year were still under observation, whose examinations were

Of the 845 contacts whose examination and classification was completed 404 presented no signs of active disease, and, therefore, required no treatment; 359 were advised for Sanatorium treatment; 67 were recommended for out-patient and 15 for domiciliary treatment.

NUMBER OF PATIENTS TREATED.

In 1915 the names of 2,285 patients were on the register as having received treatment as outpatients; of these 1,014 were males and 1,271 were females; 544 of the males were insured persons

At the end of the year 300 patients had completed a satisfactory course of treatment; 1,002 were still undergoing treatment, and 953 had discontinued treatment. The largeness of this latter figure is mainly accounted for by the prevailing conditions of labour. A number of our patients, chiefly females, have undertaken factory work who previously worked at home. In many instances both male and female factory hands are working for so exceptional a number of hours each week that it is impossible for them to continue their attendances at the Centre; others, working by night, are also unable to attend; some have removed to other localities, and a number have undertaken military service.

Insured persons who have been unable through work or health conditions to continue their treatment with us have been transferred for domiciliary treatment to their panel doctors, many of the uninsured persons have returned to their own doctors. Thirty patients included in this list are known to have died.

CLASSIFICATION OF OUT-PATIENTS RECEIVING TREATMENT.

Below is given the number of patients in the different stages of the disease and the number in each stage in whose sputum tubercle bacilli were found, the number in whose sputum these bacilli were absent, and the number with no sputum is also noted.

STAGE OF THE DISEASE.

Of the 2,285 patients 1,168 were in Stage I. (Turban-Gerhardt) of the disease, 705 were in Stage II., and 385 were in Stage III., whilst 27 were unclassified.

RESULTS OF THE EXAMINATION OF SPUTA.

Of the 1,168 patients in Stage I. 305 were found to have tubercle bacilli in the sputum, 355 had sputum in which these bacilli were not found, and 640 had no sputum. 375 of the 705 in Stage II. presented tubercle bacilli in the sputum; in 204 instances where sputum was present these bacilli were not found, and 126 in this stage had no sputum. 316 of the 385 patients in Stage III. were found to have tubercle bacilli in the sputum; they could not be demonstrated in 52 cases where sputum was present, and 17 patients in this stage were without sputum.

WORKING CAPACITY.

The following tables show the working capacity before and after treatment of all patients who could be classified, and who had received any treatment at the Centre during the year. It should be stated that in a large percentage of the cases the out-patient treatment was subsequent to treatment in one of the sanatoria.

Work	ing Cap	acity.				Before	Treatment.		After	Treatment.
	STAGE	I.					,-			,~
Unimpaired						323	27.65	•••	583	49.91
Impaired						761	$65 \cdot 15$		533	45.63
Totally incapacitated						84	7.19	•••	52	4.45
						1,168			1,168	
	STAGE	II.							1,100	
TT 1 1 3						115	16.31		307	43.53
	•••	• • •	•••	• • •	•••	438	62.12	•••	296	41.98
Impaired Totally incapacitated	•••	• • •	•••	• • •	• • •	152	21.56	•••	102	14.46
Totally incapacitated	•••	• • •	• • •	•••	• • •	102	21.00	•••	102	14.40
						705			705	
\$	STAGE	III.								
Unimpaired					•••	24	6.23	• • •	84	21.81
Impaired	• • •		• • •			215	55.84		174	45.19
Totally incapacitated						146	37.92		127	32.98
						385		•••	385	
								•••		

CLASSIFICATION OF THOSE PATIENTS WHO COMPLETED A COURSE OF TREATMENT DURING THE YEAR.

During the year 300 patients completed a satisfactory course of treatment, and it has been possible to classify the results in 292 instances. The results are arranged to show the changes in the weight, working capacity, condition of the disease, and the presence or absence of tubercle bacilli in the sputum before and after treatment.

W	eight (after Treatr	nent).	Working Capacity (after Treatment).						
Increased.	Diminished.	Stationary.	Improved.	Stationary.	Worse.				
256 87·68	31 10.61	5 1·71	198 67·81	93 31.85	% 1 ·34				

CONDITION OF DISEASE.

	Before Tre	eatment.	After Treatment.					
Activ	Active. Quiescent.		. Act	ive.	Quiescent.			
292	100	0	137	46.91	155	% 53·08		

TUBERCLE BACILLI.

Before	Treatment.	After Treatment.					
Present 11 Not demonstrated 13 No sputum 4	5 46.23	23 152 117	% 7.88 52.05 40.06				
29	2	292					

The number of specimens examined in the Laboratory during the year was 3,373.

REPORT ON YARDLEY ROAD SANATORIUM.

(BY DR. DIXON, MEDICAL SUPERINTENDENT.)

During the past year the number of beds at the Yardley Road Sanatorium has again been largely increased. This was necessitated by an arrangement made between the Public Health Committee and the Guardians for the treatment of Poor Law male patients suffering from Tuberculosis. The Pavilion "B," which had been used previously for storage, was re-modelled, and fitted with an enlarged sanitary annexe containing baths and w.c.'s The accommodation in the existing pavilions for males was also increased, and three pavilions were erected for day use in proximity to the existing pavilions, each with a southerly aspect.

In addition, it was found to be necessary to provide increased mortuary accommodation. For this purpose a cow-shed, situated in the north-east corner of the grounds, was re-modelled and adapted. It consists of three parts, a large central chamber in which the bodies are placed, opening from this on one side is a "viewing" chamber entered by friends from the outside, where bodies can be viewed through a glass partition. From the opposite side of the central room a door-way opens into the port-mortem operating room. The mortuary is so situated that the path approaching it does not come under the direct observation of any of the pavilions; undertakers' conveyances also have a direct entrance to it from the main road without approaching the Institution.

The old mortuary, as a result of the different additions to the Institution, now stands in the midst of other buildings; it has been fitted up as a sanitary annexe for the observation cubicles used for male patients.

The total number of beds in the Sanatorium is now 288; of these 68 are reserved for female patients, 64 being in the main pavilion and four in the cubicles set apart for those coming in for the purpose of observation. For children there are 54 beds, 44 being in the main pavilion, and 10 in the observation block; all children spend from two to three weeks in the observation block. The remaining 166 beds are occupied by the Guardians' patients, with the exception of four in the observation cubicles for men. The observation beds in the Institution have proved to be of the greatest benefit. They are occupied by those on whom it is found impossible to express a definite opinion as to the presence or not of definite Tuberculosis when examined in the out-patient department. A few weeks spent under close observation, with repeated clinical and laboratory examinations, and where necessary, with the assistance of different test methods, is usually sufficient to clear up any doubts. The observation block in connection with the children's pavilion has the additional advantage that during the time spent under observation most of the infectious diseases to which children are susceptible will develop, if the child has been infected prior to admission.

During the past year a certificated school mistress has been employed for the children, desks and the necessary school equipment being supplied. All school work has been carried out in an open pavilion, and frequently in the playground. Up to the end of the year we were not compelled by weather conditions to hold the school in the dining room on more than five occasions.

The time which each child gives to school work is carefully determined by the doctor daily. On an average about thirty-five children are able to attend school in the mornings, but fewer

usually attend in the afternoons. For most subjects the children are divided into three classes. One of the older pupils acts as a monitor and helps with the younger children. The school hours are from 9-12 and from 2-4, with a short rest in both the morning and afternoon. The timetable is so arranged that the more tiring subjects are taken in the morning. Careful attention is given to arithmetic, reading, writing, composition, nature study, singing, and scripture, and part of each day is devoted to drill and games. The children are taught handwork, *i.e.*, drawing, painting, cardboard work, clay-modelling, sewing, knitting, basket and various kinds of raffia work, which provides them with pleasant occupations.

The advantages of interesting and carefully regulated occupations for child patients is obvious; they are happier, make more progress, and are frequently unwilling to leave when the time comes

to return home.

On discharge a letter is sent to the schoolmaster in charge of the school which the child will attend stating whether the case is an infectious one or not, and asking that the child may be submitted to no unusual mental or physical strain; he is also asked to communicate with the

parents if there is reason to think the child is failing.

Arrangements were made in the early part of the year with Mr. Hall-Rose to visit the Sanatorium once a week, and give the patients instructions and exercises in breathing. Quite a number of our patients when they come to us are unable to breathe properly; to these such instruction as is given is not only an advantage, it is almost a necessity. Most of the patients like the instruction, and certainly benefit by it.

SANATORIUM TREATMENT.

In the Municipal and the Romsley Hill Sanatoria the treatment given to patients is on similar lines; it comprises hygienic and dietetic treatment, graduated rest and work, the employment of appropriate drugs when indicated, specific treatment by means of the various tuberculins, etc., and heliotherapy, or treatment by the direct action of the sun's rays. The production of artificial pneumothorax has also been recently adopted; by this means an acutely diseased lung is given rest by rendering it immobile, and healing is thus promoted. To render the lung immobile, nitrogen or other gas is injected into the thoracic cavity, between the lung and the thoracic wall, producing temporary collapse of the lung.

The advantage of a locality where the sunshine record is high has long been recognised in the treatment of Tuberculosis, and this is undoubtedly one of the factors which renders the high Alpine resorts so suitable for the treatment of Tuberculosis. The practice of "sun treatment" for Tuberculosis and other diseases was carried out at Veldes, in Austria, by Rikli many years ago, and was subsequently advocated by Huggard, of Davos-Platz. In recent years it has been systematised

and strongly advocated by Rollier, of Leysin.

In 1913 I visited Leysin, and had the opportunity of seeing Rollier's methods, and examining some of the patients under treatment. Heliotherapy is undoubtedly of great benefit in cases of bone, skin, and abdominal Tuberculosis; it is also beneficial in some cases of Pulmonary Tuberculosis.

Rollier attaches much importance to the production of pigmentation (or "sun burn") of the skin, and thinks that the best results are not obtained until marked pigmentation occurs. Patients who do not pigment well seldom benefit so much as those who do.

Heliotherapy is not rigidly applied to the part of the body affected; the best results are perhaps obtained when the application to the skin surface is general, and the general application of the sun's rays to the body is said to exert an influence upon the respiratory and circulatory

The most striking results from heliotherapy are seen in the healing of chronic sinuses, and in the

increased movement of Tuberculous joints previously more or less fixed. The sun treatment requires care and judgment in its application if good results are to be obtained.

Treatment in the Sanatorium represents only a part of the patients' course of treatment, whilst he is being treated there he obtains experience and practical knowledge which should enable him afterwards to continue a modified form of treatment at home, in many cases, whilst following his occupation.

It should be noted that the figures quoted under this heading do not represent the results of a complete course of treatment; they are a record of the patients' condition when he leaves the

Sanatorium to continue under his own doctor or at the Centre.

CLASSIFICATION OF PATIENTS. Number, Age and Occupations.

During the year 1915 1,080 patients were discharged from the Sanatorium and 1,298 were admitted; of these 723 were males and 575 were females.

In a large manufacturing city like Birmingham it is exceedingly difficult to classify in detail all

the occupations of our different patients.

In a list of occupations of the 1,298 patients who were admitted during the year only 122 males and 9 females can be returned as having outdoor occupations.

The age incidence of those admitted to the Sanatorium is given in the following table:-

I CCII		t those	adimeted	CO CII	Coanc	tooman	is given	III OHE	tonowing	
	Age.						Males.		Females.	
In	1st	decade					120		98	
,,	2nd	,,					91		120	
,,	3rd	,,			,		80		171	
,,	4th	,,					168		101	
,,	5th	,,					129		66	
,,	6th	,,					94		17	
,,	7th	,,	•••	• • •	• • •	• • •	39		2	
22	8th	,,	•••		• • •		2			
		Tot	al	•••			723		575	

RESULTS OF TREATMENT. Weight.

Patients in the Sanatorium are weighed once weekly, and on the days of admission and discharge. In times past too much attention was undoubtedly given in Sanatoria to producing large increases in the weight.

Where the patient's weight has been below the average as compared with his height or below his normal, it is always well to attempt to increase it, but enormous increases produced by excessive feeding and insufficient exercise are not only worthless; they are occasionally harmful. Increases so obtained usually disappear when the patient returns home and resumes his occupation, frequently giving rise to disappointment and depression.

589 male patients were discharged from the Sanatorium during the year; of these 469, or 79.6%, gained weight, 10 lost weight, 18 remained stationary, and 92 died, and were too ill to admit of records being taken. 491 female patients were discharged during the year, 437, or 89%, gained weight, 33 lost weight, and 21 remained stationary.

Below the patients are classified in two tables according to their sex. These tables give the numbers and percentage of those with and without tubercle bacilli in the sputum, and of those with no sputum, before and after treatment. 134 men and 84 women still remained in the Sanatorium when these tables were made out at the end of the year, and therefore do not appear in the list.

MEN (BEFORE TREATMENT).

Turban	-Gerhard	lt Stadi	ii.	No. of Cases.	Percentage of Total No.		rcle Bacilli resent.			No Sputum present.	
I. II. III.	•••	•••	• • •	207 147 228	35·57 25·25 39·17	34 73 199	Percent'ge 16·43 49·66 87·28	69 40 27	Percent'ge 33·33 27·21 11·84	104 34 2	Percent'ge 50·24 23·12 ·88
То	Total		• • •	582		306		136		140	

MEN (AFTER TREATMENT).

Turb	an-Gerhar	dt Stad	ii.	No. of Cases.	Percentage of Total No.	Tubercle Bacilli present.			Tubercle Bacilli absent.		Sputum resent.
I. II. III.	• • •	• • •		207 141 142	42·24 28·77 28·97	31 61 103	Percent'ge 14·98 43·26 72·53	49 42 22	Percent'ge 23.67 29.79 15.49	127 38 17	Percent'ge 61·35 26·95 11·97
Т	Total		490 (Died 92)		195		113		182		

WOMEN (BEFORE TREATMENT).

Turban-Gerhardt Stadii.			ii.	No. of Cases.	Percentage of Total No.	Tubercle Bacilli present.			rcle Bacilli bsent.	No Sputum present.	
I. II. III.	•••			252 180 46	52·71 37·66 9·62	20 69 38	Percent'ge 7.95 38.33 82.60	88 55 6	Percent'ge 34.91 30.55 13.04	144 56 2	Percentg 57·14 31·11 4·35
Tot	al	•••		478		127		149		202	

WOMEN (AFTER TREATMENT).

Turban-Gerhardt Stadii.				No. of Cases.	Percentage of Total No.	Tubercle Bacilli present.			cle Bacilli bsent.	No Sputum present.	
I. II. III.	•••		•••	$252 \\ 180 \\ 46$	52.71 37.66 9.62	8 44 24	Percent'ge 3·17 24·44 52·17	77 64 17	Percent'ge 30.55 35.55 36.95	167 72 5	Percent'ge 66.26 40.00 10.87
Total		478		76		158		244			

TURBAN-GERHARDT CLASSIFICATION.

- Group I.-Disease of slight severity, limited to small areas on either side, which in the case of infection of both apices does not extend below the spine of the scapula or the clavicle, or, in the case of affection of the apex of one lung, does not extend below the second
- Group II.—Disease of slight severity, more extensive than Stage I, but affecting at most the whole of one lobe, or severe disease extending at most to the half of one lobe.
- Group III .- All cases of greater severity than Group II., and all those with considerable cavities.
- Group IV.—Includes those cases where no disease can be found or where the lesion is definitely proved to be obsolete.

It should be remembered that the above classification is an arbitrary one, and cannot be regarded as a scale by which the patient's prospects of recovery can be measured. Recovery, or the possibility of procuring quiescence of the disease, depends largely upon the patient's powers of resistance, and the possibility of effectively stimulating them. An individual in Group III. of the disease, with good powers of resistance, may have a better outlook than one in Group I. who has poor resistance.

WORKING CAPACITY (MEN).

					Before	Treatme	nt				After	Treatmen	t.	
Turban-Gerhardt Stadii.		rdt	Unimpaired.		Impaired.		Totally Incapacitated.		Unimpaired.		In	npaired.	Totally Incapacitated	
I. II. III. Died,	92		69 11 4	% 33·33 7·49 1·75	123 102 70	% 59·42 69·38 30·70	15 34 154		152 50 24	% 73·42 35·46 16·90	49 60 54	% 23·67 42·54 38·03	6 31 64	% 2·89 21.99 45·07
			84	14.46	295	50.66	203	34.87	226	46:12	163	33.26	101	20.61

WORKING CAPACITY (WOMEN).

		Before Treatme	nt.	After Treatment.						
Turban-Gerhardt Stadii.	Unimpaired.	Impaired.	Totally Incapacitated.	Unimpaired.	Impaired.	Totally Incapacitated.				
I II III	83 32·93 34 18·88 — — — — — — — — — — — — — — — — — — —	161 63·88 95 52·77 26 56·52 282 58·99	8 3.09 51 28.33 20 43.47 79 16.52	175 69·44 75 41·66 2 4·34 252 52·72	75 29·76 81 45 32 69·56 188 36·19	$ \begin{array}{c cccc} 2 & \% \\ 24 & 13 \cdot 33 \\ 12 & 26 \cdot 08 \end{array} $ $ 38 & 7 \cdot 94 $				

During the year 1,080 patients were discharged from the Sanatorium; from these 1,640 specimens of sputum were examined, with the following results:-

Number of patients in whose sputum tubercle bacilli were found ... 453-41.95%

••• 285-26.38% Number of patients in whose sputum tubercle bacilli were not found

342-31.66% Number of patients without sputum

The total number of specimens examined in the Laboratory during the year was 2,300.

REPORT ON SALTERLEY GRANGE SANATORIUM, 1915. (BY Dr. Glover, Medical Superintendent.)

I beg to submit a report on the work of this Sanatorium for the year ending December 31st, 1915.

During the month of May arrangements were made to accommodate 29 additional cases, giving the Sanatorium a total capacity of 97 beds. This increase was effected by adding to the existing single châlets one extra bed, and by converting two and three-bed châlets into three and four-bedded rooms respectively. The unused attics of the administration block were opened up and converted into three bedrooms and a bathroom, thus giving accommodation for the necessary additional staff; a new linen-room was constructed out of a former lumber-room, and the original linen-room was converted into a staff-bedroom, the whole alteration being completed without any interference with existing outside walls, and consequently without damage to the architectural features of the administration block. Whilst most of the extra beds have been filled by male cases, it has been possible, owing to the absence of structural alterations, to deal with fluctuations of the admission list by taking female cases from time to time.

ADMISSIONS.

During the twelve calendar months ending December 31st, 1915, 348 patients were admitted, of whom 221 were males and 127 females, and all of whom, excepting 58 (16 males and 42 females), were insured cases.

The admissions show an increase of 76 over those of the previous year, owing to the increase in the capacity of the Institution already noted.

Of 348 admitted 307 were sent direct from the Tuberculosis Centre, and 41 (30 males and 11 females) were transferred from Yardley Road Sanatorium.

			AGE	Incidi	ENCE.			
					Males.	Female	s.	Total.
10-15	vears	 			1	 2		3
1620	,,	 			33	 13		46
21-30	,,	 			72	 52		124
31-40	,,	 			69	 47		116
41-50	,,	 			41	 13		54
5160	,,	 			5	 	,	5
					221	127		348
								348

CLASSIFICATION OF PATIENTS.

As a rule the classification of patients entering this Sanatorium is a purely intermediate one, because a large percentage (25%-40%) are usually transferred from Yardley Road Sanatorium. This year, however, in spite of an inevitable increase in the number of old patients re-admitted, the cases transferred number only 41 (11.8%), and the Turban-Gerhardt classification is of more interest.

Group (Turban-Gernard	t).		Males.	Females.	Total,
I. (slight)		 	 58	 42	 100
II. (mod. advanced)			115	 62	 177
III (advanced)		 	 41	 13	 54
IV		 	 7	 10	 17
			221	 127	 348

There are two striking features in this return—first the great increase in the number of moderately advanced cases admitted over that of last year (89 out of 272), and next the very small group of cases (Group. IV.), where the disease, seemingly active on admission, was found afterwards to be obsolete or inactive. The increased admission of more advanced cases is due to the distribution to other Sanatoria of cases formerly sent to Yardley Road Sanatorium.

distribution to other Sanatoria of cases formerly sent to Yardley Road Sanatorium.

The smallness of Group IV. is all the more striking when the high percentage of non-bacillary cases admitted is considered (see under Results of Treatment). In many Sanatoria about 60% of the non-bacillary cases are found to be cases of obsolete or inactive disease, and the low percentage of such cases is a striking commentary on the efficiency of the diagnostic methods applied at the Tuberculosis Centre.

DISMISSALS.

During the same period 322 patients were dismissed, of whom 204 were males and 118 females. It is of interest to note that, in spite of the increased admissions, the average duration of treatment per patient has been lengthened, amounting to 84.2 days, as against 73.9 days in 1914.

CONDITION OF DISEASE ON DISMISSAL.

				Males.		Females.	Total.
Much improved	 	 	•••	84		35	 119
Improved	 • • •	 		97	•••	57	 154
In statu quo	 •••	 		21		22	 43
337		 		2			6
				204		118	 322

Some commentary on the above figures is necessary. With a disease of the chronic relapsing nature of Pulmonary Tuberculosis, arrest of disease at the end of a few months' treatment cannot reasonably be claimed, and the customary class termed "arrested" has been dispensed with. In its place has been put the category "Much Improved," a term applied to those who at the end of their period of treatment are either probably arrested or likely to become arrested within a few months.

Of the 119 cases noted here as "Much Improved" 12 (5 males and 7 females) were probably obsolete on admission; 13 (6 males and 7 females) were on dismissal almost certainly arrested, and the remainder were on the high road towards arrest.

The "Improved" cases include many who, although they had made marked progress from the time of admission, had no immediate prospects of arrest, and were moreover liable to a breakdown at any time. The remainder includes those who had definitely progressed, even if slightly, towards recovery.

The fairly large number of "In statu quo" cases is explained by the following table:-

LEFT DURING TREATMENT.

				Much Improved. Im			Improved.	I.S.Q.	Worse.
Males					I		11	 5	 1
Females							4		
	To	otal	•••	•••	1	•••	15	 17	 1
					-		Property .	-	

As a rule those going out did so within a short time of admission.

WORKING CAPACITY.

The previous table does not fully indicate the benefit to the general health of the patient following on a course of treatment. This is detailed below:—

				Males.		Females.		Total.
Unimpaired	∫on admission			62		46		108
Unimpaired	on admission on dismissal	• • •	•••	135	•••	7 6		211
Impaired	fon admission on dismissal		•••	135		70		205
impaired	on dismissal			61		40	•••	101
Incapacitated	{on admission on dismissal	• • •	• • •	7		2	• • •	9
moupaonatea	(on dismissal	•••	•••	8	• • •	2	• • •	10

					W E	HGHT.					
							Males.		Females.		Total.
Increased				•••		•••	192		110		302
Stationary		•••	•••	•••	•••	•••		•••	4	•••	4
Decreased	•••	•••				•••	12	•••	4		16

The greatest increase made by any one patient was: -31lbs. after 19 weeks' treatment.

RESULTS OF SPUTUM EXAMINATIONS.

			Mal	Males.		ales.	Total.		
			Α.	D_{\bullet}	Α.	D.	Α.	D.	
T.B.+	•••		89	59	19	16	108	75	
т.в. —		•••	% (⁷⁵	77	$\begin{array}{c} \% \\ 68 \\ \cancel{6} \\ \cancel{6} \end{array} \left\{ \begin{array}{c} 32 \\ 67 \end{array} \right.$	37	$\begin{array}{c} \% \\ \cancel{6} \\ \cancel{1} \\ \cancel{1} \\ \cancel{1} \\ \cancel{0} \\ \cancel{7} \end{array}$	114	
No sputum			်ို့ မြှင့် _40	68	€ \ 67	65	હું ∫107	133	

The salient point of all such tables is, of course, the bacillary loss after treatment, and to appreciate this the following table is necessaryy.

	T.B. +	becoming	T.B.	or	O. 0 or	T.B. —	becoming	T.B. +
Males				41	(46.06%)		•••	11
Females				8	(42.1%)			5
Total		•••		49	(45.39%)			16

Cases where a positive find follows a negative find are of no importance, as the positive find is usually made within a few weeks of admission; on the other hand, the number of cases losing bacilli on dismissal is of the greatest importance, and is a most striking feature of the above report.

To mention one other Sanatorium where early cases are admitted—at the King Edward VII. Sanatorium (1912)—190 bacillary cases were admitted, of whom 50 (25.3%) had lost their bacilli on dismissal.

In this Institution the percentage works out to 45·39%, the methods of examination in both Institutions being identical. This high percentage is probably due to a large extent to the fact that cases admitted chiefly from the artisan groups of a city population commence their treatment with a more seriously depleted resistance than those admitted to a private Sanatorium, and, consequently, have a much better prognosis, provided Sanatorium conditions can be approximated to divining post-Sanatorium treatment.

The second point of interest is the high percentage of non-bacillary cases admitted, especially of female cases. This fact, taken in conjunction with the small number of obsolete cases admitted, indicates a high standard of efficiency in the early diagnostic methods not only of the Tuberculous Centre, but of the general practitioner.

SPECIFIC TREATMENT.

Of 322 cases dismissed, 241 (162 males and 79 females) received Tuberculin treatment. As before, the bulk of those treated were given P.T.O., in order that on dismissal their inoculation could be continued at the Tuberculosis Centre on a pre-arranged plan. Selected cases, either complicated by the presence of Tubercular glands or running a steady low fever, were treated with B.E., and a few were given A.F.

Unfortunately, it is impossible to estimate here the known beneficial influence of Tuberculin injections on the bacillary loss, as practically all suitable cases received inoculation treatment, and as in any case the injections given during the usual length of stay form merely the preliminary ground-work of a lengthy course of treatment. Apart from this, however, where immediate results were looked for, they were as a rule found to be satisfactory.

REPORT ON ROMSLEY HILL SANATORIUM.

(By Dr. Peter Allan, Medical Superintendent.)

The year 1915 was the second complete year that Romsley Hill Sanatorium was in full running order.

Appended is a report of the Birmingham patients treated at Romsley Sanatorium during 1915 :-

					Maies.		remates
Resident 1st January, 1915		• • •	• • •		56	•••	29
Admitted during year	• • •	• • •	• • •	• • •	404	• • •	186
Discharged during year		•••	***	•••	395	•••	181
Resident 31st December, 1915	•••				65	•••	34

The age incidence of the 590 patients admitted was as follows:-

	10—15.	1619.	20-29.	3039.	40-49.	50-60.
Males	 26	32	97	144	80	25
Females	 20	16	61	59	26	4
Totals	 46	48	158	203	106	29

The following table shews the stage of the disease of the patients admitted according to the Turban Classification:—

Males Females	•••	•••	•••	•••	Stage I. 45 43	Stage II. 260 129	Stage III. 96 14	Non-Pulmonary Tuberculosis.	7
					88	389	110	3	

On discharge the capacity for work of the 590 patients was as follows:-

			Α.	В.	С.	Died.	Discontinued Treatment.
Males			 218	126	21	14	25
Females	• • •		 137	33	8	1	7

Totals	• • •	• • •	 355	159	29	15	32

A = Capacity for work not impaired; B = Capacity for work impaired; C = Capacity for work totally impaired.

The average length of residence was as follows:-

Males ... 60 days Females 63.8 ,,

The average gain in weight was: -Males, 8.3lbs., Females, 7.81lbs. Several patients gained up

Tuberculin has not been exhibited in so many cases this year, as a smaller proportion of the cases seemed suitable for inoculation.

		Tuberculin.		No Tuberculin.
Males	 • • •	 153		251
Females	 	 90	• • •	96
		243		347

An analysis of the sputum of the patients admitted is as follows:—

				Tubercle Bacilli Present.	Tubercle Bacilli Absent.	No Sputum.
Males	 	 	 •••	184	177	43
Females	 	 	 •••	32	87	67
				216	264	110

The following table shews the condition of the 590 patients on discharge:-

Males Females	•••	•••	•••	•••	Improved. 333 162	Not Improved. 32 16	Died. 14 1	Discontinued Treatment. 25 7
					495	48	15	32

The following complications were met with in the male patients:—Laryngeal Tuberculosis, 27 cases; Valvular Heart Disease, 14; Ischio-Rectal Abscess, 5; Pleurisy, with effusion, 5; Albumincases; Valvular Heart Disease, 14; Ischio-Rectal Abscess, 5; Pleurisy, with effusion, 5; Albuminuria, 4; Arterio-Sclerosis, 2; Asthma, 2; Genito-Urinary Tuberculosis, 2; Plastic Bronchitis, 1; Corneal Ulcer T.B., 1; Tumour of Liver, 1; Lupus, 1; Sarcoma, 1; Pneumo-Thorax, 1; Tubercular Ankle Joint, 1; Locomotor Ataxia, 1; Tubercular Glands, 1; Tubercular Hip Joint, 1; Tubercular Meningitis, 1; Abdominal Tuberculosis, 1; Ulcerative Rhinitis, 1; Melancholia, 1; Writer's Cramp, 1. Complications met with in women patients:—Valvular Heart Disease, 13; Tubercular Larynx, 4; Goître, 4; Tubercular Glands, 3; Movable Kidney, 2; Rectal Abscess, 1; Lupus, 1; Hip Joint Disease, 1; Rheumatism, 1; Masthma, 1; Pregnancy, 1; Fits, 1; Cystiis, 1. It will be noted that among the men there were 27 cases of Laryngeal Tuberculosis, roughly 6:66% of the men admitted. The experience gained by closely watching these cases is that the

6.6% of the men admitted. The experience gained by closely watching these cases is that the prognosis depends largely on the part of the larynx affected.

In cases where the anterior part of the larynx is affected the prognosis seems to be bad in the large majority of cases.

If the more posterior parts of the larynx are affected, there seems to be more hope of improve-

ment, and the response to treatment is much better. On the advice of Mr. Seymour Jones, F.R.C.S., Surgeon to the Ear and Throat Hospital, a Chloretone preparation has been used in the form of a spray, and this seems to give better results,

as far as I can judge, than any other method of treatment I have seen. Laryngeal Tuberculosis has not been so common among the women patients, viz., 4 cases among 186 women, or, roughly, 2.2%.

Another point I have noted is the relative response to treatment between men and women. For instance, take two similar cases in the same stage (more especially in Stages II. and III.), one a man and the other a woman, and I have observed that the man will shew greater improvement than the woman.

This is seen to a certain extent in comparing the relative gain in weight.

The men admitted to Romsley Sanatorium were in the majority of instances relatively more severe and more advanced cases than the women, and note the relative gain in weight: -Average

gain per man, 8-3lbs. in 60 days; average gain per woman, 7-81lbs. in 63-8 days.

Dr. Felix Savy, who was Assistant Medical Officer at Romsley Sanatorium at the commencement of the war, is now a Captain in the R.A.M.C., and has been appointed Tuberculosis Specialist for the Aldershot Command.

WEST HEATH HOSPITAL REPORT.

At West Heath Hospital 195 Tuberculosis patients were admitted during the year; 129 were discharged, 43 died, and there were remaining 55 patients.

Dr. Aldridge sends the following account:-

At West Heath where the more advanced cases are treated the results must, of necessity, be less favourable than at other Sanatoria. A great many cases, however, have derived considerable benefit from the rest, food, and general hygienic treatment, so that they have been able to go back to work, and remain at work for some time. The work they return to is specially chosen

to avoid risk to the patient, or other people with whom he may come in contact.

I feel very strongly the importance of providing suitable light work for patients who can do it. This must be most valuable from the point of view of getting the patients to be less introspective, and to make them feel that they are doing something useful. A few of the patients are willing to do gardening, etc., but the greater part give me the impression that they will do as little of anything really useful as they can. I believe the Brabazon Society that works at Selly Oak Infirmary might help us if approached. They teach the inmates there basket-making, woodcarving, hammock-making, mat-making, and similar occupations, all of which could be done in the open air. Any profit could be devoted to providing any little luxury that the patients might like, or could be spent in gramophone records or other similar way. I feel very strongly that at West Heath a definite effort should be made in this direction.

The new buildings for the Nursing Staff (although not entirely completed) are partially in use, and very much appreciated.

The Nursing Staff are most loval and attentive, and try to make the patients happy and contented, under what are often very depressing circumstances.

WITTON HOSPITAL REPORT.

At Witton Hospital 118 Tuberculosis patients were admitted, 35 were discharged, 29 died, and there remained 54.

Dr. Campbell sends the following report:

This Hospital was opened for the treatment of female Tuberculous patients on April 16th 1915, when 41 cases from Erdington, Selly Oak and Dudley Road Infirmaries were admitted.

Having previously been used as a Scarlet Fever Hospital, there were several initial difficulties

to be overcome, but with the addition of two lying-in shelters, ordinary treatment was made

more satisfactory and attainable.

Ward "A" was opened with 30 beds; Ward "B"—the Children's Ward—with 24 beds;

Ward "D" with 16 beds; while Ward "C" had one half made into the dining room and the

other half into the entertainment room.

From the date of the opening to 31st December 118 cases were admitted, and there were 29

deaths in that period.

In most of the cases admitted the disease was far advanced, death occurring in one case within 24 hours after admission, several within a week of admission, and most of the deaths occurred within a month after admission.

Thirty-five cases were discharged, most of them much improved in health and fit for light household duties, while a few left at their own request. 54 cases remained under treatment on

31st December.

Some of the worst cases after a few weeks' residence in hospital showed remarkable improvement in health, gaining weight and strength, and after being bedridden for many weeks were able to be up and take walking exercise, while their coughs were much less frequent and sputum diminished.

Six suitable cases were made to sleep out in one of the shelters, and all have much improved,

and would not sleep in the wards again.

During the summer some pleasant afternoons were spent on the lawn, various harmless competitions being provided for the patients and staff, at which those patients who were unable to compete were interested spectators on their chairs or couches.

In the winter various concerts and plays, in which some of the patients and staff take part.

are held in the entertainment room, and are much looked forward to by all.

These and the competitions do much to make the lot of the patients a little happier, and for the staff help to break the monotony of the depressing surroundings.

So that the children's education is not neglected, a teacher comes two afternoons a week.

TUBERCULOSIS AND THE MILK SUPPLY.

(REPORT BY MR. JOHN MALCOLM, F.R.C.V.S., Veterinary Superintendent.)

I have pleasure in submitting herewith a short report on the work done last year in connection with the inspection of cows and cowsheds in the city, and the efforts to minimise the degree of Tubercle infection in the Birmingham milk supply.

Inspection of Cows and Cowsheds in the City.

During the year 1915 the inspection of cows and cowsheds has been systematically carried out by the Veterinary staff as heretofore, though fewer visits have been made owing to war reduction of staff. Cow-keepers, dairy farms, sheds and cows in the city at present are as follows:-

Dairy Farms Sheds. Cow-keepers. Cows 149 188 3522,128

During the year nine dairy farmers have discontinued keeping cows, and a former one has resumed. 2,218 visits of inspection have been paid to cowsheds in the city area. At each visit the Veterinary Inspector examined both cows and cowsheds.

Forty-six cows were found affected with catarrhal mastitis or inflammation of the udder, one with cow-pox, one with Johne's disease, and four with emaciation. The milk from these cows was prohibited from sale, temporarily or permanently, according to the case.

The condition of the cowsheds and the cleanliness of the cows inspected during the year was satisfactory considering the scarcity of labour which has existed.

TUBERCULOSIS AND THE MILK SUPPLY.

The effort to reduce the amount of Tubercle infection in the milk sold in the city has been continued on the lines of previous years, viz. :-

- (a) The detection of infected milk;
- (b) The detection of cows with Tuberculosis of the Udder or others giving infector. The eradication of Tuberculosis from dairy herds supplying milk to the city. The detection of cows with Tuberculosis of the Udder or others giving infected milk;

INFECTED MILKS.

Eighty-nine samples of mixed milk have been taken during the year. Of these fourteen were taken at the farms, seventy-one at the railway stations, and four at one of the Hospitals. Seven were found to contain Tubercle infection.

Forty-one samples were taken from individual cows at the farms; six of these were found to contain Tubercle infection. The milk from the infected cows was at once prohibited from sale, and five of the cows were subsequently slaughtered. (In one case the farmer at first declined to have the cow slaughtered, and subsequently was prosecuted and fined for failing to keep her apart from his dairy herd.) The sixth cow was purchased for Professor Leith to provide him with Tubercleinfected milk for his research work.

ERADICATION OF TUBERCULOSIS FROM DAIRY HERDS.

During the year twenty-six herds were dealt with, and twenty-one of these, numbering 628 cows, were free at the end of the year, four herds, numbering 125 cows, were being freed, and one hard numbering 11 cours

No.	Appr'ximate No. of Cows in Herd.	Herds being dealt with during 1915.	Herds Free.	Herds being Freed.	Breeding Herds.	Non- breeding Herds.	Mixed Breeding and Non- breeding Herds.	City Dairies.	Outside Dairies.	Suspense.
1	41	1	1				1	1	_	
2	15	1	1			1		_	1	
3	82	1	1	_		_	1	_	1	_
4	29	1	1		1		_	1		
5	36	1	1	_		1		1	_	
6	10	1	1		- 1	_	1		1	_
7	10	1	1			1	_	1		_
8	32	1	1	_			1	1	1	—
9	90	1	1	_	1	- 4	_	-	1	_
10	20	1	1	_	1	_	_		1	_
11	10	1	1		-	_	1	_	1	_
12	42	1	1		1	→		-	1	_
13	23	1	1	_			1	_	1	_
14	30	1		1		_	1	1		
15	46	1	- 1	1			1	_	1	_
16	18	2	2		2000	1	1	($\frac{2}{1}$	_
17	20	1	I		1	_	_	- 0	1	
18	17	1	1		1	_		-	1	_
19	25	1	1				1		1	
20	31			1		_	1	_	1	
21	25	1	1	_		_	1	_	1	
22	50 29	I	1	_	1		1		1	
$\begin{array}{c c} 23 \\ 24 \end{array}$	18	1	1			1	1	1	1	
24 25	18	1	1	1		1		1	1	
26	44	1	1			1			1	1
20	**		_						1	1

Cows Tested.

The testing of the above herds has been carried out half-yearly. The results of the testing again show that breeding dairy herds into which only young heifers are introduced can be maintained in a tubercle-free state much more easily and economically than herds which are kept up by the purchasing of mature milking cows, though Birmingham dairy farmers systematically buy the best cows they can obtain.

From the tabulated list below it will be seen that 1,487 cows were tested during the year, of which 1,288 passed and 199 failed to pass.

No.				Come Toste 3		D 1	(D	Failed	1 . 6 . 3 .
				Cows Tested.		Passed.	(Keac	ters and Dou	ibtful).
1	• • •	• • •	• • •	49	• • •	46	• • •	3	
2	• • •	• • •	• • •	5	• • •	4		1	
3	•••		• • •	40	• • •	40			
4	• • •	• • •		19	• • •	18	• • •	1	
5	• • •	• • •	• • •	71	•••	65		6	
6	• • •			145	•••	121		24	
7	• • •	• • •		74	• • •	57		17	
8	• • •	• • •		35	• • •	24		11	
9	• • •			122		113		9	
10	• • •		• • •	45		41		4	
11	• • •			102		102			
12				58		32		26	
13			• • •	19		17		2	
14				189		185		4	
15				63	• • •	60		3	
16				$\dots 22$	• • •	18		4	
17				49		41		8	
18				\dots 62		58		4	
19				80		58		22	
20				44		40		4	
21				87		81		6	
22			•••	10		8		2	
23				\dots 52		30		22	
24				1				1	
25	• • • •	• • •	•••	44	•••	29	•••	15	
				1,487		1,288		199	

The cows which failed were again in most cases cows which were purchased subject to passing the test, and having failed were returned to the vendor. The doubtful reacters already in the herd were isolated and re-tested a month subsequently; about 50 per cent. of these eventually passed.

The newly purchased and other cows tested for the first time last year numbered 386. Of these $70 = 18\cdot13$ per cent. reacted, and $18 = 4\cdot66$ per cent. were doubtful; *i.e.*, $88 = 22\cdot79$ per cent. failed to pass the test, as compared with $26\cdot1$ per cent. last year.

COST INCURRED BY TESTING HERDS.

The testing of the herds was carried out partly by the Corporation Veterinary Officers and partly by the dairymen's own Veterinary Surgeons, acting on behalf of the Corporation. The herds dealt with are visited periodically to see that the reacters are isolated from the free, that the cows in the free herds are being properly looked after, and the hygienic regulations are complied with.

The extra cost of this work during the year was £115 14s. 7d., of which £34 was for tuberculin and £81 14s. 7d. for Veterinary fees and expenses. In 1914 the extra cost was £168 3s. 7d.

SYPHILIS.

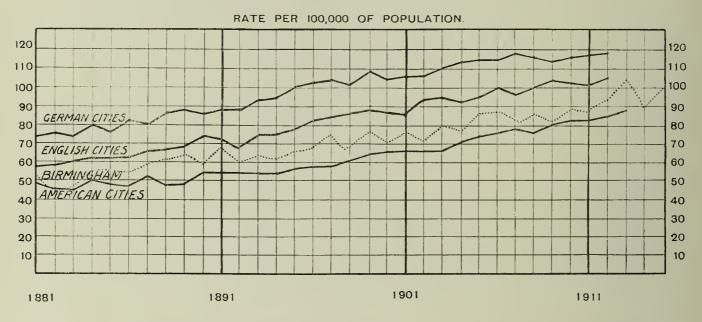
There were 39 deaths recorded as directly due to this disease, against 44 in 1914, and 45 in 1913.

In October, 1914, the Public Health Committee made provision for the diagnosis of cases of this disease, and for this purpose a letter was sent to every medical practitioner in the city asking him either to send a sample of the blood of any patient suspected to be suffering from Syphilis for examination, or to send the patient to the private consulting rooms of Dr. Assinder, No. 22 Broad Street, who would himself take a sample of blood and forward the result of the examination to the medical practitioner. In the last three months of 1914–39 cases were examined by Dr. Assinder. During 1915–85 cases were examined, 47 of which were positive, 34 negative, and 4 of doubtful result.

CANCER.

For some years there has existed a controversy as to whether Cancer is increasing. The diagram below indicates pretty clearly that the rate of increase in Birmingham follows closely that of other countries.

COMPARATIVE CANCER MORTALITY, 1881-1915.



The world's statistics for Cancer have recently been reviewed by Dr. Hoffman, of Newark, U.S.A., in "The mortality from Cancer throughout the world." The conclusions which he desires to emphasize are:—

- (1) That the menace of Cancer throughout the civilized world is much more serious than has generally been assumed to be the case.
- (2) That the evidence of Cancer increase throughout the world is an incontrovertible statistical fact and absolutely conclusive.
- (3) That the mortality from Cancer is increasing at a more or less alarming rate throughout the entire civilized world, and that this increase implies most serious consequences. present and future, to the populations concerned.
 - (4) That practically all forms of Cancer are on the increase.
- (5) With regard to heredity and family history some additional observations re-emphasize earlier conclusions that the available evidence in this respect is in the negative.
- (6) The available evidence as regards a possible parasitic origin of Cancer is held to be inconclusive.

Taking these conclusions and applying them to the Birmingham figures:—

- (1) As regards the menace of Cancer, the disease caused 885 deaths out of a total of 12,816, i.e., one in 14.
 - Of deaths over 25 years of age, Cancer caused one death in every nine in Birmingham in 1915.
- Of persons over 25 years of age, i.e., at the commencement of the valuable part of life, Cancer caused last year more deaths than any other disease except Tuberculosis, Heart Disease and Bronchitis.
- (2) The chart shows the position of Birmingham as regards increase. Last year there were 221 more deaths than in 1901, or a mortality rate of 1.00, as compared with .73 per 1,000.
- (3) The rate of increase means that the present deaths would double themselves in 60 years if the population were to remain stationary.

The site of the disease, together with the age and sex of the sufferer, is shown in the table on the opposite page. In order to increase the value of the figures in a relatively small population, the deaths from Cancer for the four years, 1912, 1913, 1914, and 1915, are given.

DEATHS FROM CANCER IN 1912—1915 INCLUSIVE.

1		-	_	_	_		_			,					
	Total.	27	10	8	9	∞	17	89	337	764	946	850	303	28	3342
Total.	Females.		9	2	4	4	5	34	225	420	483	474	185	20	1862
	Males.	3	4	-	2	4	12	34	112	344	463	376	118	∞	1480
je.	.lsto'l	22	1-	က	70	-	∞	23	62	134	147	142	51	4	595
Other Organs.	Females.	1	4	2	က	က		∞	20	53	47	54	23	22	219
Oth	Alales.	22	က	-	22	4	∞	15	42	81	100	88	28	23	376
	Total.	1	1	1	1	1	1	1	4	ಣ	Ľ-	9	6	1	30
Skin.	Females.		1		1	1	1	1	-	-	23	ಣ	<u></u>	1	15
	Males.			1					က	2	ŭ	ಣ	22		15
	Total.			1		1	1	7	67	83	98	11	39	52	358
Breast.	Females.			1		I		2-	67	82	98	7.1	39	70	357
	Males.			1		1			1	-					-
uns of ion.	Total.	1	1	1	1	1	က	10	73	119	99	7.0	17	1	391
Female Organs of Reproduction.	Femules.					1	က	10	73	119	66	2.0	17		391
Ferna	Males.			i				1	1			1			
um, etc.	Total.				-	1	5	13	43	132	200	204	76	9	089
eritoneum,	Females.					1	2	က	26	75	93	101	49	4	354
Perit	Males.			1		1	က	10	17	57	107	103	27	2	326
. ::	Total.		1		ı	1	1	12	73	226	340	306	95	10	1064
Stomach. Liver, &c.	Females.	1	1		1			ರ	37	98	148	171	48	∞	504
	blales.		1	1		1	1	7	36	140	192	135	47	2	560
	Total.		2	I	1	1	1	က	15	67	29	51	16	2	224
Mouth.	Females.		-		1	1		1	1	4	∞	4	2		22
	Males.		П				1	ଦୀ	14	63	59	47	14	2	202
	Ages.	Under 1	1 –	5 –	10 -	15 -	20 -	25 -	35 -	45 -	55 –	65 –	75 -	85 -	All Ages

What can be done to prevent the disease? It is certain that our knowledge is quite insufficient to enable any reliable suggestions to be made in this direction. Much has been discovered by accurate data. It, therefore, behoves everyone dealing with Cancer cases to record the facts with the greatest accuracy for statistical purposes.

There is, however, a very useful work which can be performed in educating the public to know how Cancer begins, in order that by early operative interference the disease may be removed by the surgeon, and thus life saved.

By leaflets given away at hospitals, at Infant Welfare Centres, and other such places, a good deal of useful information may be diffused, so that the disease may be recognised at a stage when something can be done.

ACUTE ANTERIOR POLIOMYELITIS.

Eight cases of this disease were reported during 1915, with one death, as compared with 16 cases and 1 death in 1914. Of the seven cases which recovered, five made complete recovery, while there was some paralysis left in two cases. All the patients were young children of five years and under, and in no case could the source of the disease be traced.

The cases are tabulated as follows:—

Date of Notification.	Patient.	Sex.	Age.	Result.
Jan. 6	D. A.	М.	4	Recovery.
Jan. 18	M. M.	F.	8 mths.	Died.
Mar. 13	W. H.	М.	1	Recovery.
April 29	J. H.	Μ.	5	"
Sept. 23	F. W.	F.	1	"
Nov. 16	L. W.	М.	1	Right thigh still paralysed.
Dec. 14	F. H.	Μ.	2	Recovery.
Dec. 31	T. C.	Μ.	1	Left shoulder still paralysed.

CEREBRO-SPINAL FEVER.

There has been a large increase in the number of cases of this disease reported during 1915, 52 cases of Cerebro-Spinal Fever having occurred, with 41 deaths, giving a mortality of 79%. The figures for 1914 were 10 cases, with 6 deaths. The number of cases reported in the various months of the year is shown thus:—

January	• • •	• • •		No c	ases.	July	• • •	•••	6	cases.
Februar	У	• • •	• • •	No	,,	August	• • •	•••	6	,,
March	•••			10	,,	September	•••		2	,,
April	• • •			14	,,	October	• • •		3	,,
May		•••	•••	3	,,	November	• • •	• • •	1	"
June	• • •			5	,,	December	• • •		2	,,

The cases of Cerebro-Spinal Fever were fairly evenly distributed throughout the area of the city; no particular district was more affected than others, and in no instance did a second case occur in the same house. These facts tend to bear out the theory which is now generally accepted that Cerebro-Spinal Fever, although known to be infective, is not usually contracted from direct contact with a person suffering from the disease itself, but is more generally spread by persons not actually suffering from the disease, but acting as "carriers."

The number of the patients attacked, with the number of deaths in each age period, is as follows:—

Under 1 year	•••	•••	12	cases	with	11	deaths.
1—5 years	•••	•••		,,	,,	12	,,
5—10 ,,	•••	• • •	5	77	,,	5	,,
10—15 ,,	•••	•••	5	,,	"	1	,,
15—25 ,,	• • •	•••	3	"	"	2	"
25—35 ,,	• • •	•••	9	77	"	7	"
Over 35 ,,	• • •		3	,,	99	3	2.5

The patients were treated as follows:—

- 4 cases at General Hospital, with 2 recoveries and 2 deaths.
- 9 cases at Queen's Hospital, with 3 recoveries and 6 deaths.
- 18 cases at Children's Hospital, with 3 recoveries and 15 deaths.
- 21 cases at Home, with 3 recoveries and 18 deaths.

The average duration of the illness in the fatal cases was 18.5 days; the actual length of illness recorded being as follows:—

Three patients died within 48 hours, seven in 3 to 4 days, four in 5 to 6 days, three in 7 to 8 days, eight in 9 to 14 days, five in 15 to 21 days, two in 22 to 28 days, one in 29 to 35 days, two in 36 to 42 days, two in 43 to 49 days, and one each in 50th, 52nd, 61st and 67th days. In eleven of the cases of Cerebro-Spinal Fever reported a history of contact with soldiers was obtained, but in only five of these cases was there reason to suspect that the disease was due to this contact. In no other case could the source of the disease be traced. Particulars of these five cases are given below:—

A. B., aged 13 months. Onset of disease April 6th. Died April 18th. The child's father returned home on March 23rd, having been discharged from the Army. Four cases of Cerebro-Spinal Fever had been reported during March at the camp where he was stationed, but before returning to Birmingham a swab had been taken from his nasopharynx and reported free from infection.

A. W., aged 2 years and 8 months. Onset of disease April 22nd, Soldier in the Army Service Corps, returned home on April 17th from a Military Hospital, where there were several cases of Cerebro-Spinal Fever under treatment. A swab taken from this man's throat on May 3rd showed him to be a "carrier."

J. M., aged 1 year and 11 months. Onset of disease April 25th. Died June 25th. The father of the patient, a soldier, returned home on April 24th, and slept with the child that night. The father had returned to duty before the disease was recognised, but swabs taken from his throat on June 9th and July 2nd and 16th all showed the presence of the germ, and that the man was a "carrier."

on June 9th and July 2nd and 16th all showed the presence of the germ, and that the man was a "carrier." W. A., aged 32. Onset of disease July 6th. Recovered. This patient had been in contact with a soldier of the Duke of Cornwall's Light Infantry, who had been in a Military Hospital suffering from Cerebro-Spinal Fever during April and May. A swab taken from this soldier on July 24th failed to show the presence of the germ.

F. F., aged 4. Onset of disease November 1st. Died Nov. 30th. This child is said to have travelled from Birmingham to Liverpool a fortnight before the onset of the disease in a railway carriage in the company of four soldiers who were returning home on leave from the Front.

BRONCHITIS AND PNEUMONIA.

The deaths from these two diseases numbered 2,359, that is to say, one of every 5.4 deaths was due to one or other of them.

Statistics show how much more fatal this disease is in the poorer areas of the city than in the better class areas., viz., roughly four times as fatal. They also show that the disease is one of young infants in the case of both bronchitis and pneumonia and in the case of bronchitis of elderly people.

DEATH-RATES FROM BRONCHITIS AND PNEUMONIA. BRONCHITIS. PNEUMONIA.

$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						T		1 1 1 1 1 1 1 1 1 1	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		1	dirmingham.	England and V	Vales.	Birminghan	n. Eng		.es.
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1901			1.37		1		1.15	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1902		1.64	1.32	A Transma	1.46	Amorogo		Awaraga
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1903		1.40 -	· · · · ·		1.32	0	$1\cdot 22$ }	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1904		1.76	1.25	1.24	1.49	1.44	1.28	1.21
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1905		1·43)	1.14		1.37		1.30	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	1906	• • •	1·38)	1.04		1.32		1.22	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	1907	• • •	1.49	1.22	A ========	1.47	A Tronogo	1.35	Awaraga
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	1908				(1.22		1.19 }	_
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	1909		1.47	1.15	1.03	1.36	1.90	1.30	124
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	1910		1.24^{-1}	0.96^{-7}		1.15°		1.11	
1913 1.20 1.06 1.13 1.02	1911		1.25	1.00		1.16		1.04	
	1912		1.26	1.08		1.20		$1 \cdot 02$	
	1913	• • •	1.20	1.06		1.13		$1 \cdot 02$	
$1914 \dots 1.26 \qquad 1.08 \qquad 1.24 \qquad 1.08$	1914	• • •	1.26	1.08		$_1\cdot 24$		1.08	
1915 1.37 — 1.28 —	1915		1.37			1.28			

AGES AT DEATH.

							Bronchitis.	Pneumonia.
Under 5 years	•••		• • •	• • •	• • •		267	 578
Between 5 and 15			• • •		•••		11	 46
,, 15 and 25	,,		•••	•••			5	 28
,, 25 and 35	"			•••	•••	•••	13	 61
" 35 and 45	"		• • •	•••	•••	•••	35	 84
,, 45 and 55	"		• • •	•••	• • •		75	 102
,, 55 and 65	,,		•••	• • •	•••		202	 97
" 65 and 75	"	• • •	•••				337	 87
,, 75 and 85	,,	•••	• • •	•••	• • •	•••	225	 49
85 years and over	• • •		• • •	•••	• • •	• • •	49	 8

PUERPERAL FEVER.

The principal figures relating to this disease are as follows:—

Year.		Cases Notified.	Deaths.	Per Cases.		Births. Deaths.	Removed to Women's Hospital.	Treated at home or elsewhere.
1913	• • •	112	44	4.7		1.85	60	52
1914		149	33	$6 \cdot 4$		1.42	114	35
1915	• • •	161	36	7.6		1.65	137	24
							Cases of Puerperal Fever.	Deaths from Puerperal Fever.
Total live	births	• • • • • • • • • • • • • • • • • • • •		•••		21,187	83	20
Still births	reported	by midwives		•••		281	5	
Still births	attended	by medical	practitio	ners	• • •	?	7	3
Miscarriages	and abo	ortions	•••			?	66	13

Of the notified cases, 161 in number, 137 were removed to the Puerperal Fever Ward at the Women's Hospital. The average stay in hospital was $28\frac{1}{2}$ days, the total days of the patients admitted being 3,905. The arrangement with the hospital is that 14 beds will be continuously kept for these cases at a charge of £72 per bed per annum, or a total of £1,008. Each case cost, therefore, £7 7s. Twelve cases were nursed at home, seven occurred at the Workhouse Infirmary, five at the Maternity Hospital, and one at the General Hospital.

Of the 161 patients notified as suffering from Puerperal Fever 44 were attended by certified midwives, with 5 deaths, or 11 per cent.; 16 were attended by certified midwife and doctor at the time of confinement, with 6 deaths, or 37 per cent.; 36 were attended by doctor and uncertified nurse or other person, with 5 deaths, or 14 per cent.; 65 were attended by doctor only (abortion, etc.), with 20 deaths, or 31 per cent.

Of the 161 Puerperal Fever cases 66 followed after abortion or miscarriage, as follows:—35 cases under the third month of gestation; 21 cases at the third month of gestation; 6 cases at the fourth month of gestation; 3 cases at the 5th month of gestation; 1 case at the sixth month of gestation; 3 cases at the 7th month of gestation; 2 cases at the eighth month of gestation.

MIDWIVES ACT.

The number of midwives who gave notice of their intention to practise in Birmingham during 1915 was 229. Of these 15 reside outside the city.

The following table gives particulars relating to midwives practising in Birmingham, and sets out their qualifications prior to entry on the Midwives' Roll. It will be seen that about 30 per cent. are certificated midwives. This shows a considerable increase during the last few years.

Qualification of Midwife.	Bonafides.	Central Midwives' Board.	London Obst'trical Society.	Queen Char- lotte's Hospital.		Salvation Army Maternity Hospital.	Total.
No. notifying their intention to practise, 1915— Resident in Birmingham Resident outside	144 12	55 3	11	2	1	1	214 15
No. removed from Birmingham No. who have given up practice (old	1	4	_	_			5
age or ill-health)	7	1					8
No. who have died	1		. —				4
No. removed from the Roll							
No. temporarily employed No. of births attended by Midwives		2					2
under the heading given	9,950	2,542	1,142	10	80		13,724

The number of midwives suspended was 38, the reason being Pucrperal Fever in 31 instances, Scarlet Fever in three instances, Pemphigus in two, Erysipelas in one, and Diphtheria in one.

LEGAL PROCEEDINGS UNDER THE MIDWIVES ACT.

April 23rd. A woman was prosecuted for using a title implying that she was a midwife, and for attending confinements other than under the direction of a qualified medical practitioner. Fined £5 and costs 17s. 6d.

April 23rd.—Another woman for the same offence was fined £5 and costs 15s.

October 8th.—Another woman for the same offence as above was fined £5 and costs 10s. 6d.

December 22nd.—Another woman, who was attending confinements other than under the direction of a qualified medical practitioner, was fined £2 and costs 22s. 6d.

Two certified midwives were asked to appear before the Public Health and Housing Committee (being the Local Supervising Authority under the Midwives Act). These were referred to the Central Midwives Board as follows:—

Midwife No. 1,285.—Charged with neglect to carry out disinfection, etc., after attending an infectious disease. The Central Midwives Board found the charges proved, and deferred sentence for six months. At the end of this time her conduct, having been satisfactory, the Board decided to take no further action.

Midwife No. 41,223.—Charged with inability to carry out the rules and instructions. The Central Midwives Board, having seen this woman and found that she had improved herself since the charges were made out, warned her and deferred sentence for six months. Subsequently they decided to take no further action.

OPHTHALMIA NEONATORUM.

There were registered in Birmingham during 1915 21,187 births. In 324 of the cases Ophthalmia Neonatorum was notified by the doctor or midwife in attendance, i.e., 1 in 65 births. In 1914 there were 395 cases notified, or 1 in 59 births. In the vast majority of these cases the disease was a trivial conjunctivitis, often somewhat intractable as regards treatment.

In both 1914 and 1915 there were no chilrden left blind in both eyes as a result of this disease. During 1915 the death of one weakly premature baby was attributed to Ophthalmia.

The following is a list of the cases in which more or less permanent damage resulted:—

Register No.	Position of Child in Family.	Day of Disease Treatment Commenced.	Birth attended by.	Eyes treated by	Condition of Eyes at completion of treatment.
64	7th	1st	Midwife	Eye Hospital	Right eye, partly damaged by opacity; left, normal.
157	2nd	2nd	Midwife and		Sy options, formati
			Doctor	Eye Hospital (In-patient)	Right eye, normal; left eye partly covered by opacity. (Previous child blind in one eye.)
160	2nd	5th	Doctor	Doctor and Eye Hospital	Right eye, normal; left eye, completely destroyed
194	3rd	4th	Midwife	Eye Hospital	Right eye, normal; left eye, very defective sight.
311	1st	?	Doctor in		
	U		Scotland	Eye Hospital	Right eye, normal; left eye, very defective sight. Child came to Birmingham from Scotland one month after birth.

CONTAGIOUS DISEASES OF ANIMALS.

(REPORT BY MR. MALCOLM, F.R.C.V.S., VETERINARY SUPERINTENDENT.)

I have pleasure in submitting a report on the occurrence of some of the chief scheduled contagious diseases in animals here during 1915.

GLANDERS AND FARCY.

There has again been no case of this disease in Birmingham during the year. It is some satisfaction to be able to record its continued decline throughout the country. Last year there were fifty outbreaks, in which 95 animals were attacked, against ninety-seven outbreaks, with 286 animals attacked, in 1914, and 789 outbreaks, with 2,433 animals attacked, in 1908—the first year under the present Glanders Order. Had the Order been applied as uniformly and as effectively in the country generally as in Birmingham and many other districts, the disease would have been eradicated some years ago. The delay in eradication can be said to lie chiefly with London and surrounding districts.

ANTHRAX.

Ten cases of suspected anthrax in animals which died suddenly were reported last year. After examination, only two (both in pigs) proved to be anthrax. In these two cases the cause was ascribed to the use of infected imported meals for food; but this was not positively proved. Altogether, there were 648 certified cases in the country. Seeing that here there were only two cases this year, and one case in 1914, this district on the whole has been fortunate as regards the incidence of this fatal disease.

FOOT AND MOUTH DISEASE.

Two animals with mouth-sores were submitted by a local Veterinary Surgeon as suspicious of being affected with Foot and Mouth Disease. A careful examination proved they were not cases, and it was not deemed necessary to take any further action respecting them.

Birmingham has again been fortunate, seeing that in the country there were 56 outbreaks of

Birmingham has again been fortunate, seeing that in the country there were 56 outbreaks of Foot and Mouth Disease, in which 557 cattle, 140 pigs, and 5 sheep were affected; besides this there were 1,430 animals slaughtered to prevent the spread of the disease.

RABIES.

Fortunately the country continues free from this disease. Three cases of vicious dogs were submitted here, but in none was there any symptom really suspicions of rabies,

But for the existing Rabies and Importation of Dogs Order, with its quarantine regulations, the result would probably have been very different. The Chief Veterinary Officer of the Board of Agriculture reports that a dog which went from England to Nigeria and was then brought back to England developed symptoms suspicions of Rabies after being in quarantine thirty-four days, and died two days thereafter. Subsequent inoculation experiments proved the case to have been one of Rabies. This case again proves the inestimable debt dog owners and the public generally owe to the Board of Agriculture for the benefits conferred by their Rabies regulations.

SWINE FEVER.

During the year 204 cases of sick or dead pigs have been submitted to me for inspection. In addition 13 cases have been dealt with by one of the whole-time Veterinary Inspectors of the Board of Agriculture, who certified 11 of them to be Swine Fever cases and the others not. Of the 204 cases submitted to me, 47 presented symptoms more or less suspicious of Swine Fever, and of these, on further examination, 26 ultimately proved to be cases.

During the year the system of serum immunisation against Swine Fever has been in force, and

apparently this is meeting with some measure of success.

PARASITIC MANGE IN HORSES.

During the year there were 38 outbreaks of Mange, affecting 111 horses. Eight of these were slaughtered, in these cases the horses being of little value and the disease so advanced as to make it not economic to treat them. The other 103 made good recoveries. The Mange Order is a most valuable instrument. By its powers much equine suffering is prevented, and the horse-owners are saved the financial loss that would otherwise arise.

SHEEP SCAB.

No case or suspected case of this disease has been reported in the city during the year.

Tuberculosis.

As reported last year, the Tuberculosis Order for dealing with Bovine Tuberculosis was suspended during the period of the War. It is, therefore, still in suspension. Only such cases as come under the Birmingham Dairy Regulations can now be dealt with.

DISINFECTION.

This was carried out very much on the lines of previous years. The Public Health Department were able to lend two full-sized Washington Lyon Disinfectors for use at the military hospitals, but this in no way inconvenienced the work. The number of articles disinfected was as follows:—beds, 5,716; mattresses, 3,625; counterpanes, 3,965; blankets, 5,163; sheets, 5,462; bolsters, 4,037; pillows, 10,055; garments, 17,182; boots, 1,468; carpets, 2,710; and sundries, 14,852.

CITY HOSPITALS.

The following statement shows the number of patients* treated last year in the City hospitals:-

		Scarlet Fever.		Diphtheria
Under treatment at beginning of year	• • •	475	•••	127
Admitted during the year		2,326	• • •	863
Discharged during the year		2,422		818
Died during the year		68	• • •	96
Remaining at end of year	• • •	311		76

*In a certain number of cases the diagnosis was revised in hospital.

REPORT ON LITTLE BROMWICH HOSPITAL.

(BY DR. JAMES O'SHEA, ACTING MEDICAL SUPERINTENDENT.)

I have pleasure in submitting to you the report on the working of this hospital for the year ending December 31st, 1915.

STATISTICS OF SCARLET FEVER CASES.

Number remaining in hospital, December Number admitted during the year 1915	31st,		•••	•••		305 1,834
Total under treatment during the year	•••	•••	•••	•••		2,139
Died during the year				•••		1,820 41 278
Remaining in hospital December 31st, 191	.Э	•••	•••	•••	•••	2,139

The average duration of stay in hospital of patients admitted during the year was 50.2 days.

The number of deaths occurring among those admitted as suffering from scarlet fever was 43, giving a case mortality rate of 2·4 per cent., as against 2·6 per cent. for the previous year. Eight of these deaths were of patients who did not have scarlet fever. Of these 2 were cases of diphtheria, one measles and diphtheria, 1 measles, 1 erysipelas, 1 tubercular meningitis, 2 broncho-pneumonia.

If these cases be deducted, the mortality rate becomes 1.9 per cent.

Of the 35 fatal cases remaining 13 were complicated with diphtheria, 5 with measles, 1 with measles and diphtheria, and 1 with chicken-pox, leaving 15 deaths from uncomplicated scarlet fever, or a case mortality of ·81 per cent.

Other infectious diseases developed among the patients during their stay in hospital in the following instances:—Diphtheria, 34; measles, 39; German measles, 4; chicken-pox, 34; mumps, 6; whooping cough, 5; erysipelas, 9. A large proportion of these were in their incubation period on admission.

The following complications developed among the patients during their stay in hospital :-

Otitis					160	-	Impetigo	• • •				5
Rhinorrhæa					337		Urticaria					5
Adenitis					295		Scabies					1
Albuminuria					252		Purpura					1
Abscess					23		Blepharitis					2
Nephritis					5 0		Quinsy				• • •	1
Rheumatism					33		Anæmia					4
Conjunctivitis		•••	•••		73		Jaundice			•••		4
Pneumonia					20		Uræmia		• • •	•••		1
Bronchitis					22		Toxæmia				•••	1
Cardiac compli					17		Meningitis					1
Vaginal Discha					16		Pleurisy	•••	•••	•••		î
Taginai Discha	ige	• • •	• • •	• • •	10		ricurisy	•••	• • •	• • •	• • •	

Fifty-three patients had secondary attacks of scarlet fever.

A certain number of cases notified as scarlet fever were suffering, on admission, from the following infectious diseases:—

Diphtheria					20	Mumps	2
Measles					19	Whooping Cough	7
Measles and D	iphthe	eria			1	Puerperal Fever	1
Chicken-pox		• • •			19	Erysipelas	5
Other complica	tions	presen	t on ad	lmissi	on were		
Otitis		• • • • •			30	Corneal Opacity	1
Rhinorrhœa					142	Notice in the second	3
Adenitis			•••		119	Ophthalmia	2
Abscess					2	Asthma	1
Albuminuria					114	Chorea	2
Nephritis					3	Convulsions	1
Rheumatism					5	Epilepsy	1
Conjunctivitis					25	Illianone Lararysis	5
Bronchitis					22	Month and the second se	6
Various Cardia		ditions	3		23	Fractures and Wounds	5
Vaginal Discha	arge	• • •			1	Burns and Scalds	7
Ringworm	• • •				6	Empyema 15	2
Ichthyosis					1	Pleurisy	l
Impetigo			• • •		5	Mastoiditis	2
Eczema					6	Pulmonary Tuberculosis	L
Psoriasis					8	Tubercular Joints	3
Scabies					1	Psoas Abscess	L
Blepharitis					10	Rickets 15	
Corneal Ulcer					1	Arthritis	3

CORRECTED DIAGNOSIS.

One hundred and forty	-five of the patients	s admitted as cases o	f scarlet feve:	r were found not to be
suffering from this disease.	The disease, if any	, from which they we	ere suffering i	s shown below:—

				21	Broncho-pneumonia	4
Diphth	eria			2	Bronchitis	1
Tonsilli	itis			1	Empyema	1
				3	Tubercular Meningitis	1
				11	Farainala	1
				8	TT TO THE THE	1
ough				1		
	Diphth Tonsill 	Diphtheria Tonsillitis 	Diphtheria Tonsillitis	Diphtheria Tonsillitis	Diphtheria 2 Tonsillitis 1 3 11 8	Diphtheria 2 Bronchitis

Diphtheria cases were admitted to this hospital from November 1st, 1915.

STATISTICS OF DIPHTHERIA CASES.

Admissions						
Deaths	 	 • • •	 	 • • •	 	11
Discharges	 	 	 	 	 • • •	51

The mortality rate was 8.2 per cent., as compared with 12.9 per cent. in 1914.

The number of laryngeal cases was 20, with 7 deaths, which gives a mortality rate of 35 per cent., as compared with 47.1 per cent. of last year.

Tracheotomy was performed on 8 cases, of which 5 died.

Two cases were admitted with tracheotomy wounds.

CLASSIFICATION OF DIPHTHERIA CASES.

Hæmorrhagie			•••	• • •	1	Faucial and Palatal	• • •		9
Laryngeal					20	Faucial and Nasal			6
Faucial						Nasal and Pharyngeal		• • •	1
Faucial and I	arvnge	al	• • •		1				

COMPLICATIONS.

Paralysis	Palatal	•••	 24	Paralysis Lower Limbs	•••	 1
,,	Pharyngeal		 9	Antitoxin Rash		35
,,	Accommodation		 5	Albuminuria	• • •	 27
,,	Facial		 1	Rhinitis		 43
,,	Upper Limbs		 2	Adenitis		 66

One million and forty thousand antitoxin units were given after admission to 121 cases, being an average of 8,595 units per case.

Sixty-five thousand units antitoxin were given before admission to 12 cases, being an average of 5,417 units for each case.

Four patients died within twenty-four hours of admission, and one died within forty-eight hours of admission.

The average stay in hospital of the patients who died was 2.4 days.

The average stay of the patients who recovered was 46.2 days.

REVISION OF DIAGNOSIS.

Of the cases notified as diphtheria 11 were found to be suffering from tonsillitis, 1 from laryngitis, and 1 from scarlet fever.

CROSS INFECTION.

Three cases of diphtheria contracted scarlet fever and two chicken-pox after admission.

HEALTH OF STAFF.

List of Nurses Sick during the year

		List	or mu	Toes M	ox aui	ing o	ie year	•		
Tonsillitis					• • •	•••	25	Days o	ff duty	136
Influenza							20	,,	,,	107
Diphtheria		• • •	•••				5	,,	,,	105
Measles					•••		3	,,	,,	74
Scarlet Fever				• • •	• • •		19	,,	,,	610
Rheumatism	• • •						4	,,	,,	56
Sore Throat		• • •					1	,,	,,	4
Dental Absces	ss	• • •	• • •				1	,,	,,	4
Ervsipelas							2	,,	,,	20
Post-Diphther	ria		• • •				1	**	21	21
Secondary Sc		Fever	• • •	• • •	• • •	• • •	1	,,	,,	33
Sprained Ank	le	• • •	• • •	• • •			1	,,	,,	9
Headache			• • •				1	12	• >	2
Gastritis	• • •					• • •	2	,,	. ,	2
Parotitis		• • •		• • •			2	,,	21	37
Abdominal Pa	ain	•••	• • •				1	,,	,,	6
Laryngitis	• • •	• • •	• • •		• • •	• • •	1	,,	,,	4
Phthisis	• • •	• • •	• • •	• • •	• • •		1	,,	,,	4
Anæmia		***					1	,,	,,	4

List of Maids Sick during the year.

Tonsillitis							7	Days off	duty	45
J	•••						1	,,	,,	10
Rheumatism				•••			1	,,	,,	5
Influenza		•••	• • •	•••	•••	• • •	6	,,	,,	36
		•••	• • •	•••	• • •	•••	1	,,	,,	36
Septic Thumb		•••	•••	•••	•••	•••	1	,,	,,	8
Diphtheria					•••	•••	2	,,	,,	104
				•••	•••	• • •	1	٠,	,,	8
Abscess in Leg				•••	•••	•••	1	"	,,	13
, , ,	•••			•••	•••	•••	1	,,	"	1
Апанна	• • •	• • •	• • •	• • •	• • •	• • •	1	,,	,,	4

Eighty-two soldiers suffering from infectious diseases have been treated in this hospital from March to December.

REPORT ON LODGE ROAD HOSPITAL.

This hospital was kept in full working order until the beginning of October, when it was found possible to stop the admission of patients, and eventually to transfer the convalescent cases of diphtheria to Little Bromwich Hospital. It was finally closed on December 15th, and is being kept in a clean and workable condition, ready for use should any emergency arise. During the time it was in use in 1915 227 cases of scarlet fever and 755 of diphtheria were admitted.

An experiment of some importance in hospital administration was made at this hospital during the year 1915. For a number of years suspicion attached to the cups, plates, knives, forks, and spoons used by the patients of conveying infection from patient to patient, as they are all interchangeable. From June 1st, 1914, to May 31st, 1915, all crockery, etc., was sterilized after use by the patient. Observations were made on this incidence of other infections in 1,388 cases in the scarlet fever wards before the process of sterilization was inaugurated, and on 537 after it was commenced. Similarly, 334 cases of diphtheria were recorded before and 1,145 cases after disinfection, a total of 3,434 patients. The results show that so far as scarlet fever and chicken-pox infection are concerned this sterilization was of distinct value.

Cross Infection at Lodge Road Hospital, with reference to sterilization of eating utensils.

I.—IN SCARLET FEVER WARDS.

				une, 1912— y, 1913, cases.	After 1st June, 1914—31st May, 1915, 537 cases.		
			Number.	%	Number.	%	
No signs and remained free from Scarlet Feve	r		115	8.3	43	8.0	
No signs and contracted Scarlet Fever			17	14.8	0		
Contracted Chicken-pox			14	1.0	1	0.18	
Contracted Diphtheria			4	0.28	11	2.05	
Contracted Measles	•••		3	0.20	4	0.75	
Contracted any infection (total)	•••	•••	38	2.7	16	2.9	

II.-IN DIPHTHERIA WARDS.

			Before 16th 14th Jun 344 ca	ne, 1913,	After 1st July, 1914— 30th June, 1915, 1,145 cases.		
			Number.	%	Number.	%	
Contracted Scarlet Fever			11	3.2	17	1.5	
Contracted Measles			8	2.3	5	0.4	
Contracted Chicken-pox	• • •		1	0.3	10	0.8	
Contracted any infection (total)	•••	•••	20	5.8	32	2.8	

WEST HEATH HOSPITAL REPORT.

The number of cases of scarlet fever	dealt	with at	this	hospital	was as	follow	's :	
Remaining at end of 1914			• • •					29
Admitted during 1915								226
Discharged during 1915								216
Died								9
Remaining at end of 1915		• • •						30
As regards phthisis the cases were as	s follo	ws :—						
Remaining at end of 1914						• • •		39
Admitted during 1915								194
Discharged during 1915		• • •						126
Died								52
Remaining at end of 1915					•••			55

During the year under review the work of providing reasonable accommodation for the staff has made good progress, and will be a great asset, not only in giving the nurses comfortable accommodation, but in inducing them to remain in the service of the Corporation.

WITTON HOSPITAL REPORT.

This hospital was opened on April 14th for the admission of women suffering from tuberculosis, and sent by the Guardians. The number admitted up to the end of the year was 120. In the first quarter of the year the hospital had been in use for scarlet fever cases, 69 of which were admitted prior to its being closed on March 29th.

GENERAL SANITARY WORK.

During the whole of the year 1915 the work of the Department has been maintained at somewhat below its normal level by reason of the reduction of staff and by the considerable difficulty which owners of property have experienced in getting repairs done.

There has been a very laudable endeavour on the part of property owners to have carried out any really important sanitary repairs, so that it may be said without fear that no serious harm has resulted from the shortage of technically-trained men for repair work. The staff, on the other hand, have not demanded work to be done which was not considered to be essential.

The most difficult problem presented during the year was the prevention of overcrowding in some areas of the city, due to the influx of workers from other districts. Formerly it was regarded by the people of Birmingham as an insanitary and wrong proceeding for two families to occupy one house. A good many of the larger artisan dwellings were sub-let to a second family during 1915. So long as this did not produce overcrowding in the various rooms no notice was taken of it by the staff.

General figures are given below, which indicate the nature of the work.

No. o	f visits and revisits p	aid :-	_				
I	nfectious Diseases		• • •		• • •		10,367
F	Prevalence of Sore Th	roats	• • •	• • •			9,697
N	Juisances or Complaint	ts					25,124
V	Vork ordered		• • •			• • •	30,826
	Vork in progress				• • •		18,380
	nspection of Dirty Co			• • •		• • •	3,855
	Systematic Court-yard		etion		• • •		37,448
	House to House Inspec	etion	• • •		• • •	• • •	7,522
7	Ianure Receptacles				• • •	• • •	7,446
S	moke or Water Tests			• • •		• • •	1,392
C	Offensive Trades						124
I	ce Cream Vendors						233
C	Calls on Owners or Ag	$_{ m ents}$	• • •				4,006
	Billets for Soldiers	• • •					2,654
C	Other Purposes					• • •	4,813

Nuisances, etc., reported:—		
Houses to be disinfected after Scarlet Fever		2,794
,, ,, ,, Diphtheria Repairs to Houses	• • •	1,031
,, ,, Typhoid Fever		43
Repairs to Houses	•••	24,770
Houses to be cleansed		2,386
Houses to be provided with better ventilation	• • •	582
Houses to be provided with separate water supp	ly	69
Cases of overcrowding to be remedied	•••	119
Houses to be provided with Damp Courses		1,809
Water to be removed from Cellars	• • •	458
Spouting to be repaired or disconnected		4,437
Rain Water Cisterns to be disconnected or abolis	hed	480
Ashpit Privies to be converted to Water Closets	• • •	76
Pan Privies to be converted to Water Closets		124
Privies and Closets to be limewashed	• • •	1,239
Water Closets to be repaired or reconstructed	• • •	4,661
Additional Water Closets to be provided		121
Ashplaces to be repaired or limewashed	• • •	1,967
Ash Tubs to be provided		2,785
Soilpipes to be repaired or removed	• • •	84
Urinals to be put in order or closed	•••	138
Drains to be relaid or repaired	• • •	1,913
Drains to be opened and cleansed	• • •	7,737
Gully Traps to be provided	•••	1,232
Interception Traps to be provided on main drains	• • •	92
Premises to be supplied with additional drains	• • •	739
Drains in cellars to be disconnected or abolished	• • •	36
Sink Bend Pipes to be repaired or affixed	• • •	1,606
Sanitary Sinks to be provided	• • •	1,217
Yards to be paved	• • •	463
Yards to be repaired	• • •	3,249
Courts or Yards to be cleansed by Tenants	• • •	385
Wash Houses to be repaired or limewashed	• • •	1,711
Keeping of fowls to be discontinued	• • •	161
Nuisances from swine and swine styes abated	•••	39
Accumulations of rubbish, manure, etc., to be re		
Manure receptacles to be provided or repaired		1,108
Dangerous premises to be reported to City Surv		
Department	•••	383
Defective Fittings to be reported to Water Dept		1,409
Other Work to be done	•••	113

In addition to verbal instructions given, there were 14,591 preliminary written notices issued in connection with these defects, and in 830 instances the preliminary notice was followed by a statutory notice, while in 22 cases a summons had to be taken out.

HOUSING OF THE WORKING CLASSES ACTS.

During the whole year it has been found undesirable to progress with the reparation of old house property on account of the great need which arose for small dwellings. Practically the only cases dealt with were those in which proceedings had already commenced. A few very dilapidated dwellings were represented as unfit, as is seen from the following figures:—

Represented as unfit	•••	•••	• • •	•••	•••	63
Closing orders made	• • •	•••	•••	•••	• • •	75
Houses rendered habitable	under	notice		•••	•••	152
Repaired without notice		•••	•••	•••	•••	6
Houses demolished		• • •	• • •	•••	• • •	340
Converted to workshops		•••	• • •	•••	•••	6
Obstructive buildings demo	olished	•••	• • •	•••	•••	12
Courts opened to street		•••		•••	• • •	8

The following table gives particulars of the houses dealt with during 1915 and in previous years:—

Represented.			Closing	Closing Orders.		Rendered Habitable.		Demolished.		Demolition Orders.	
YEAR.		Houses.	Properties.	Houses.	Properties.	Houses.	Properties.	Houses,	Properties.	Houses.	Properties.
1903		304	85	65	19	155	32	34	19	51	15
1904		1119	143	233	31	242	37	127	33	36	6
1905		793	98	327	41	330	38	230	43	61	7
1906		596	87	199	25	370	49	117	26	143	13
1907		806	120	679	102	262	41	422	64	157	24
1908		650	79	184	24	494	69	257	43	164	30
1909		521	70	220	34	381	54	216	45	54	9
1910		609	72	173	27	277	46	291	59	41	10
1911		278	49	360	51	202	30	163	37	71	11
1912		926	135	727	106	300	44	349	36	209	37
1913		1166	227	1261	234	237	44	398	83	553	91
1914		58	17	252	52	322	64	478	115	587	120
1915		63	19	75	22	152	33	340	71	107	27
Total		7889	1201	4755	768	3724	581	3422	674	2234	400

HOUSING (INSPECTION OF DISTRICT) REGULATIONS, 1910.

(1)	Dwellings inspected under above regulations			 	3,466
(2)	Number of such dwellings unfit for habitation			 	21
(3)	Number of houses in which representations were m	ıade		 	63
(4)	Number in which closing orders were made			 	75
(5)	Number in which defects were remedied without cl	losing	orders	 	3,036
(6)	Number made fit after closing order			 	152
(7)	General character of defects found (see page 48).				
. ,					0.04
Nun	aber of new dwelling houses completed during 1915			 	631

COMMON LODGING HOUSES.

Two new lodging houses were registered during the year, making 39 such houses in the city, having accommodation for 2,613 lodgers. One inspector devoted a large part of his time to the work of supervision of these houses. His record books show:—

Visi	its by day		• • •				• • •		2,967
	its by night								212
Wo	ork ordered :-								
V	Vindows to be	opened							6
	loors cleansed								38
F	rovide ventilat	ors	• • •						4
V	Valls, floors, ro	ofs, etc., to	be repa	aired					299
1	Vash-basins to	be fixed							2
V	Vater-closets to	be provide	ed						1
V	Vater-closets to	be repaire	d						27
V	Vater-closets to	be cleanse	d						3
A	shbins to be p	rovided							4
Ι	Prains or yards	to be repa	ired						9
F	ire buckets to	be provide	d, etc.						12
ŀ	Iouse to be lim	newashed							81
F	Removal of rub	bish							3
F	Bed linen cleans	sed (sets)				• • •	• • •		124
1	erminous bedd	ing							38
	ummonses				• • •		• • •	• • •	2

HOUSES LET IN LODGINGS.

This most objectionable group of houses is in about the same condition as in former years. At the end of the year there were 610 houses on the register, with 1,957 rooms. These were let as follows:—1-room apartments, 959; 2-room apartments, 499; that is to say, 1,458 separate lettings each usually occupied by one family were contained in 610 cottages.

There were 58 new houses registered, and 24 were taken off the register. This allowed for an increase of 248 lodgers over the 1914 accommodation in the city.

The Inspector made 3,148 visits to these houses during the daytime, and found the following infringements of the regulations or defects of a sanitary character:—

Overcrowding	•••	•••		• • •		•••	49
Mixing sexes		•••					24
							32
Rubbish in cellar or yard							30
Rooms and passages not swept	t	•••			• • •		476
Dirty bedding		•••		•••			67
Dirty house							241
Drains, etc., out of repair							84
Want of ashbins							14
Windows not opened			• • •	•••			381
Light and ventilation not prov						• • •	2
Houses reported to Medical Of	ficer	of Health	ì				15

CANAL BOATS.

The following is a copy of the report made in accordance with the provisions of the Canal Boats Acts:—

PUBLIC HEALTH AND HOUSING DEPARTMENT.

THE COUNCIL HOUSE, BIRMINGHAM,

31st January, 1916.

Gentlemen.

In compliance with Section 3 of the Canal Boats Act, 1884, I present to you the annual report of the work done under the Canal Boats Acts, 1877 and 1884, and the regulations of the Local Government Board made thereunder, for the year ended December, 1915.

Inspector W. G. E. Childs continued to hold the office of Canal Boats Inspector. He is also the Inspector of Houses-let-in-Lodgings in the city, and his salary for the combined appointment is £117 per annum, together with uniform and cycle allowance and office accommodation at the Council House, Birmingham. Since November 9th Inspector Childs has been away on military service, and Inspector H. Howes, who also acts as Inspector of Common Lodging Houses in the city, has been appointed to do the Canal Boat work in his absence.

INSPECTION OF BOATS.

During the year 1915 802 boats, registered to carry 2,551½ adults, were inspected, and the numbers of persons found occupying these boats were 1,054 men, 545 women, and 456 children, in all 2,055 persons—equivalent to 1,827 adults.

The distribution of inspections over the four quarters of the year is shown as follows:-

First quarter	 			 245
Second quarter				 225
Third quarter			•••	 220
Fourth quarter		•••		 112

The following table shows the yearly number of inspections made since 1906, with the number of adults they were registered to carry:—

		·		No. of Boats		Registered to
Year,				Inspected.		carry (adults).
1906			•••	1,069	•••	$3,507\frac{1}{2}$
1907	•••	• • •		1,047		3,348
1908	• • •			1,030	•••	$3,354\frac{1}{2}$
1909				738	•••	2,416
1910				1,044	•••	$3,399\frac{1}{2}$
1911			•••	1,062	•••	$3,511\frac{1}{2}$
1912				1,120	•••	3,529
1913				1,082	•••	3,314
1914	•••	•••		1,048	•••	$3,234\frac{1}{3}$
1915	•••	•••		802		$2,551\frac{7}{2}$

Of the 802 boats inspected 758, or 94.5% were found to be in order and complying with the Acts and Regulations, but in 44, or 5.5%, contraventions of various kinds were found, and notice was served on the owner in every case. The total number of contraventions found were 89, and were distributed as follows:—

Boats	found	with	1	contravention	each	16	total	16
	,,	,,	2	contraventions	,,	13	,,	26
2.9	2.7	2.2	3	,,	,,	13	,,	39
,,	,,	2.2	4	,,	,,	2	,,	8
						44		89

Notices were returned certifying that 110 complaints had been remedied during the year. The character of the infringements found, and also of those remedied, are classified in the following table:—

		Outs	tandin	g and				Cari	ried forward
Contraventions			ght for		Found				e dealt witl
referring to		fr	om 19	14.	during 19	915.	during 19	l15. i	n 1916.
Registration	 	• • •	—		6		6		_
Certificates	 		2		5		7		
Marking	 		9		18		26		1
Overcrowding	 		—	•••	4		4		
Separation of sexes	 		_	•••	2		2	•••	
Leaks of cabins	 • • •		2		3	•••	5		
Painting of cabins	 		10		26		31		5
Repairs of cabins	 		9		24	•••	29		4
Cleanliness of cabins	 		-		1		_		1
									_
			32		89		110		11

The custom has again been followed as previously of writing to the owners when the complaint notes have not been returned within a reasonable time, and this has generally been found to work quite satisfactorily, although there has, of necessity, in many cases been longer delay than usual this year in complying with the notice owing to shortage of labour and other causes connected with the war. Due allowance has been made for these conditions, and it is believed that the owners have complied to the best of their ability. Legal proceedings were taken against the owner of the boat "Nettle," No. 386, Coventry, for "not producing Certificate of Registration." Notice of the complaint was sent to the owner, but no reply being received to this, or to a reminding notice, proceedings were instituted and a fine of 10s. and 8s. 6d. costs—total 18s. 6d.—was imposed.

Infectious Disease.

It is gratifying to be able to again report this year, as in the preceding year, that no cases of infectious disease have been found, or reported, on the boats in the city.

REGISTRATION OF BOATS.

During the year 21 boats have been registered in Birmingham and 14 registrations have been cancelled, making a net increase of 7 boats on the register.

The registrations are shown as follows:-

New Motor B	oats			 	 -2
New Ordinary	Boats			 	 3
Re-registration	n of Ordina	ry Bo	ats	• • •	
	102 . 3				0.1

Total 21

Of the 16 re-registrations 1 was due to structural alterations and 15 to change of ownership. Seven of these boats were previously on the Birmingham register, while 5 belonged to Uxbridge, 1 to Wolverhampton, 1 to Stoke-on-Trent, 1 to Chester, and in 1 case the previous registration authority was unknown. In all the known cases the authority concerned was notified of the re-registration of the boats in Birmingham.

BOATS ON THE REGISTER.

The number of boats on the register on December 31st, 1915, was 464, as compared with 457 for the same date in 1914. The figures for the five previous years are as follows:—

On December 31st, 1909, there were 397 boats on the register.

,,	31st, 1910	22	402	٠,	19
7.7	31st, 1911	,,	419	"	,,
12	31st, 1912	,,	433	,,	,,
22	31st, 1913	,,	448	,,	,,

Of the boats on the register 18 are motor boats, which are propelled by crude oil internal combustion engines, and are fitted with cabin immediately astern of the engine room. The dates of registration of these motor boats are shown as follows:—

Nos.	1242 and 1	249		 	 • • •	 	Registered in	n 1911.
Nos.	1256, 1275,	and	1276	 	 	 	Registered in	n 1912.
	1286, 1290,					 	Registered in	n 1913.
	1308, 1310.	,	, ,				Registered is	
	1335 and 1					 	Registered is	n 1915.

I am, Gentlemen, Your obedient servant,

MILK SHOPS.

No reduction in the amount of staff given to this important work was made in 1915. Unfortunately, it is exceedingly difficult or impossible to attain to a sufficient degree of cleanliness in the collection and distribution of milk in this country. Not only are farmers satisfied to supply milk contaminated by cow dung at the farm, but both the railway companies and the distributors adopt methods which cannot but lead to disastrous results so far as cleanliness of the milk is concerned. The public tolerate these conditions because they do not realise what is happening or what ought to be the conditions of supply.

During the year 1915 the Milk and Dairies Consolidation Act, 1915, was passed, and when this is put in operation better attention will have to be paid to both milking and the conditions of transit.

The number of dairies, milkshops, and purveyors of milk on the register in Birmingham at the end of 1915 was 4,639. There were 568 new milkshops and 28 purveyors registered during the year, while 596 milkshops or purveyors were removed from the register. The two inspectors engaged in inspecting premises and utensils and in the upkeep of the register did the following work in 1915:—

Visits to premises or purveyors	• • •	•••		•••	6,976
Visits to railway stations		•••	• • •	• • •	41
Milk vessels examined		•••	•••	• • •	13,143
Milkshops needing limewashing		•••			100
Sanitary defects found		•••	•••	• • •	110
Cases of infection at premises	• • •	•••	• • •	• • •	63

MILK AND CREAM REGULATIONS.

The total number of samples taken during the year was 40.

1. Milk and Cream not sold as Preserved Cream.

	Mill-				(a) To. of Samples examined for the presence of a Preservative.	ence of a Preservative was					
Milk	•••					•••	•••				
Cream		•••			13	•••	•••	9			

In the following table particulars are given relating to the 9 samples of cream not sold as preserved cream, in which preservatives were reported to be present.

		Results	of A	nalysis.	
Number.		Milk Fat.		Borie Acid.	Remarks.
A/1769	•••	41%	•••	0.3%	No declaratory label was affixed to receptacle. Vendor cautioned by letter.
C/6713	•••	26%	•••	0.25%	No declaratory label was affixed to receptacle. Vendor cautioned by letter.
A/1917	•••	46 %	•••	0.2%	No declaratory label was affixed to receptacle. Vendor cautioned by letter.
A/1983	•••	44%	•••	0.25%	No declaratory label was affixed to receptacle. Vendor cautioned by letter.
A/2091	•••	42%	•••	0.35%	No declaratory label was affixed to receptacle. Vendor cautioned by letter.
A/2174	•••	49%	•••	0.55%	No declaratory label was affixed to receptacle. Vendor cautioned by the Health Committee on July 9th, 1915.
C/7233	•••	52%	•••	0.4%	No declaratory label was affixed to receptacle. Vendor cautioned by letter.
C/7234	•••	55%	•••	0.4%	No declaratory label was affixed to receptacle. Vendor cautioned by the Health Sub-Committee on July 15th, 1915.
A/2247	• • •	35%	•••	0.58%	No declaratory label was affixed to receptacle. Vendor cautioned by the Health Committee on July 9th, 1915.

2. Cream sold as Preserved Cream.

(b) Det

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

	statements ma								
(2) Statem	ents incorrect	• • •	• • •	• • •		• • •	• • •	• • •	2
	Total	l	• • •	• • •	• • •	• • •	• • •	• • •	27
terminations	made of milk	fat in	cream	sold	as pre	served	cream.		
	Above 35 per								27
(2)	Below 35 per	cent.	• • •		• • •	• • •	•••		
	Total	l					•••		27

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the regulations have not been observed.

No case was brought to notice of any infringement of Article V. (1) or the proviso in Article V. (2) of the regulations.

(d) In the following table, particulars are given relating to the two samples of cream sold as preserved cream in regard to which incorrect statements were made on the declaratory labels and also instances where the requirements as to labelling of preserved cream in accordance with Article V. (2) were not strictly complied with.

		Resul	ts of A	nalysis.	
Number.		Milk Fat.		Borie Acid.	Remarks.
C/7356	•••	35%	•••	0.6%	The amount of boric acid present was 0.1% in excess of the stated proportion. The label and type was not of the standard size, and the receptacle was not labelled from which the cream was served. Vendor cautioned by the Health Committee on July 9th, 1915.
A/1766	•••	480%	•••	—	No boric acid was found to be present, although a label as follows was affixed to receptacle, "Preserved Cream, containing boric acid not exceeding 0.5%."
A/1767	•••	47%	•••	0.3%	The printing on the declaratory label was not of standard size. Vendor cautioned by letter.
C/7072	•••	38%	• • •	0.45%	The tin was labelled "Double Thick Cream," and in another place the word "Preserved" was in much smaller type than the word "Cream." The printing on the declaratory label was not of the standard size or type. Vendors and London Packers cautioned by letter.
C/7235	•••	35%	•••	0.45%	The declaratory label was not of the standard size or type. Vendor cautioned by the Health Committee on July 9th, 1915.
C/7357	•••	Over 35%	•••	0.3%	The type on the declaratory label was not of the standard size, and the receptacle was not labelled from which the cream was served. Vendor cautioned by the Health Sub-Committee on July 15th, 1915.
A 2248	•••	47°′ ₀	•••	0.45%	The printing on the declaratory label was not of the standard size. Vendor cautioned by the Health Committee on July 9th, 1915.
A/2294	•••	50°° ₀	•••	0.3%	The declaratory label nor the type was of the standard size. Wholesalers cautioned by the Health Committee on July 23rd, 1915.
0 771:1		G 3			23rd, 1915.

3. Thickening Substances.

There was no evidence of the addition of any thickening substance either to cream or preserved cream. The following is a complete list of the samples of cream and preserved cream above referred to, and the percentage of preservative found to be present as compared with that indicated in the statutory label (where affixed) in respect of each sample is also set out.

Number.	Article.	Percentage of Boric Acid indicated in Statutory label.							Percentage of Boric Acid found on analysis.			
A/1765	Preserved Cream	• • •			0.5%					0.200		
A/1766	Preserved Cream				0.5%					None present.		
A/1767	Preserved Cream				0.5%					0.3%		
A 1768	Preserved Cream				0.5%					0.4%		
A/1769	Cream				No label					0.3%		
A/1912	Preserved Cream				0.5%					0.1%		
A/1913	Preserved Cream	• • •	• • •		0.5%					0.2%		
A/1914	Preserved Cream				0.5%					0.25%		

Number.	Artic	ele.					ercentage of Boric Acid licated in Statutory Label.					entage of Boric Acid ound on analysis.
A/1915	Preserved	Cream				• • •	0.5%		• • •			0.1%
A/1916	Preserved	Cream					0.5%					0.35%
A/1917	Cream						No label	• • •				0.2%
A/1981	Preserved	Cream					0.5%		• • •			0.35%
A/1982	Preserved	Cream					0.5%	• • •				0.45%
A/1983	Cream			• • •			No label					0.25%
A/2033	Preserved	Cream					0.5%					0.35%
A/2034	Preserved						0.5%					0.25%
A/2035	Preserved	Cream					0.5%	• • •	•••			0.4%
A/2091	Cream						No label		•••			0.35%
A/2092	Preserved						0.5%					0.40%
A/2093	Preserved						0.5%					0.35%
A/2146	Preserved	Cream					0.5%		• • •			0.45%
A/2147	Preserved	Cream				• • •	0.5%	• • •	•••			0.35%
A/2148	Cream						No label					None present
A/2174	Cream			• • •			No label					0.55%
A/2247	Cream	• • •	• • •			• • •	No label					0.58%
A/2248	Preserved	-		• • •			0.5%		• • •			0.45%
A/2294	Preserved	Cream					0.5%	• • •	• • •			0.3%
C/6712	Cream		•••				No label					None present
C/6713	Cream						No label					0.25%
C/6875	Preserved					•••	0.5%		• • •			0.4%
C 6876	Preserved	Cream					0.5%		• • •			0.2%
C/6877	Cream					• • •	No label					None present
C/7072	Preserved	Cream		•••			0.5%					0.45%
C/7233	Cream					• • •	No label					0.4%
C/7234	Cream			• • •			No label	• • •				0.4%
C/7235	Preserved	Cream					0.5%		•••			0.45%
C/7356	Preserved						0.5%					0.6%
C/7357	Preserved	Cream		•••			0.5%					0.3%
C/8180	Cream	• • •		•••		•••	No label		•••	• • •	• • •	None present
C/8477	Preserved	Cream		•••	• • •		0.5%	•••	•••	• • •		0.1%

INSPECTION OF MEAT, FISH, FRUIT, ETC.

The following information has been supplied by the Markets Superintendent who carries out the duty of supervising the Meat, Fish, Fruit, etc., supplies.

As in former years eight inspectors (two on active service with H. M. Forces) were engaged in visiting the public and large numbers of private slaughter houses. For this purpose they made 10,819 visits in addition to the constant work carried on at the public slaughter houses and wholesale and retail markets.

The amount of food seized and surrendered was as follows:—

Bad	Meat.					
	Voluntarily surrendere	ed			3,931	lots.
	Seized by Inspectors		• • •		2	,,
	Weight destroyed				289	tons.
	Persons prosecuted			• • •	1	
	Penalties inflicted	•••	• • •	•••	£40	
Bad	Fish, Poultry, etc.					
	Voluntarily surrendere	ed		•••	1,045	lots.
	Seized			•••	2	,,
	Weight destroyed				83	tons
	Persons prosecuted				1	
	Penalties inflicted		•••		£3	
Bad	Fruit, etc.					
	Weight destroyed				48	tons

SHOPS ACT, 1912.

(REPORT BY DR. BEAZELEY, SENIOR ASSISTANT MEDICAL OFFICER)

The administration of the Shops Acts has been carried on on similar lines to previous years, although owing to the provisions of the Acts being more generally understood and acted on, it has not been necessary to make the same large number of inspections as in previous years. The total number of visits paid to shops by the Inspectors during 1915 was 25,086, and was made up as follows:—

1 1 1		, *		~						2000
Re-visits			• • •	• • •	• • •					4,524
pecial visits	• • •	•••	• • •	•••	•••	• • •	• • •	•••		834
		Tota	ıl	•••	•••	•••	•••			$25,\!086$
	Systematic visits Re-visits	Systematic visits Re-visits	Systematic visits Re-visits Special visits	Systematic visits	Shops observed without entry Systematic visits					

The same practice as in previous years has been adopted of verbally informing the shopkeeper of any contravention of the Act found at these visits and of sending an official printed notice if it is found on a subsequent visit that the infringement has not been remedied. Official notices to this effect were sent in 479 cases, and are tabulated as follows:-

Not specifying early closing day				 	89
Not exhibiting exempted trades notice				 	174
Not exhibiting assistants' weekly half-holid	ay 1	notice		 	84
Not exhibiting young persons' notice			•••	 	6
Employing assistants after 1.30 p.m				 	3
Overtime employment of young persons		•••		 	4
Not closing shop at I p.m. on early closin	g da	ay		 	113
Not allowing proper meal times	٠			 	6

The contraventions found were in the great majority of cases remedied after attention had been called to them, either verbally or by printed notice, but it was found necessary to institute legal proceedings in 13 cases. In no case was a prosecution undertaken without the shopkeeper having been previously warned by notice for a similar offence. The summonses issued are tabulated thus:

Not closing on the weekly half-holiday	y	 	 	9
Not exhibiting the early closing notice	ė	 	 	1
Not exhibiting young persons' notice		 	 	1
Not exhibiting assistants' half-holiday		 	 	2

In all these cases convictions were obtained, and the total amount of fines inflicted was 75s. and costs.

The following shows details of these penalties:-

For not closing on the half-holiday 1 defendant was fined 20/- and costs.

• • •	**	1	,,	27	10/- ,,
,,	,,	4	,,	,,	5/- each and costs.
,,	,,	. 3	,,	,,	1/- ,,
For not ex	chibiting early clo	osing			
			,,	,,	5/- and costs.
For not exhil	biting assistants' we	eeklv			
half-holida	y notice	2	,,	,,	5/- each and costs.
For not exh	ibiting young pers	sons'			
notice		1	,,		7/6.

Fewer anonymous complaints of infringements have been received than usual, and this has probably been due partly to the principles of the Act being more thoroughly understood and acted upon by employers, and partly also to the shop assistants, realizing the urgency of the times and the difficulties under which their employers are working, being less ready to make complaints.

CLOSING AND EXEMPTION ORDERS.

The Closing and Exemption Orders in force in the City remain the same as at the close of 1914, and no alteration has been made.

Under these Orders Pawnbrokers' and Hay and Corn Dealers' shops are obliged to close on a specified half-day in each week, Wednesday being the day chosen, while grocers' shops and photographic studios are exempted from the necessity of closing for a weekly half-holiday.

An application was received from the Birmingham Butchers' Association asking for the making of a Closing Order for butchers' (other than pork butchers') shops in the city. A vote was

instituted, but the requisite two-thirds majority not being obtained, the Order was not proceeded with.

SHOPS ACT, 1913.

This Act, which is an amending Act to the Shops Act, 1912, and provides for the number of hours of employment, hours of meal-times, and holidays of assistants, is applicable only to premises used for the sale of refreshments, and if adopted by a shopkeeper in place of the 1912 Act, its provisions must remain in force for a period of twelve months, and can only be withdrawn at the expiration of the first or any succeeding year after its adoption.

As explained in the report for 1914, it has not been widely adopted in Birmingham, and during that year only one restaurant business was worked under the 1913 Act. During the year under review another catering firm with four branches has elected to work under this Act, so that at the present time there are five establishments only in the city subject to its provisions.

FACTORIES AND WORKSHOPS.

Two male and two women inspectors have been engaged during the whole year under review in dealing with those parts of the Factories and Workshops Acts which are referred to the Local Sanitary Authority.

The results of this work are set out in the following tables, which have been prepared in the form required by the Home Office.

I. Inspection of Factories, Workshops and Workplaces. (Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.)

Premises.		Number of	
(1)	Inspections. (2)	Written Notices.	Prosecutions.
Factories (including Factory Laundries)	1180	84	_
Workshops (including Workshop Laundries)	8924	192	-
Workplaces (other than Outworkers' premises included in Part 3 of			
this Report)	438	4	_
Total	10542	280	_
Revisits paid	2916	_	_

II.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

	N	Number of		
Particulars.	Found.	Remedied.	Referred to H.M. Inspector.	Prosecutions.
(1)	(2)	(3)	(4)	(5)
Nuisances under the Public Health Acts:—				
Want of cleanliness	1412	1357	55	
Want of ventilation	19	18	1	
Overcrowding	6	6	_	_
Want of drainage of floors	7	7	_	_
Other nuisances	496	494	2	_
Sanitary accommodation—				8
Insufficient	158	154	4	
Unsuitable or defective	1184	1169	15	_
Not separate for sexes	45	44	1	_
Offences under the Factory and Work- shop Act:—				
Illegal occupation of underground bake-				
house (s. 101)	-		_	_
Breach of special sanitary requirements				
for bakehouses (ss. 97 to 100)	1	1		
Other offences (excluding offences re-				
lating to outwork which are in-				
cluded in Part 3 of this Report)	_	_		_
Total	3328	3250	78	_

III.-HOME WORK.

- 9		1		(C)													_													_	_			
FECTED 11	_	Prosecu-	tions	(Sections 109, 110)	(91)			-		1						-	-						1									1	1	
OUTWORK IN INFECTED FEMISES, SECTIONS 109, 1			Orders	(S. 110).	(15)		1		1	1	1	1	1	1	1	1	1	1	1	1		1		1		1	1		1	1	1	-	1	
OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110			In-	- Contraction	(14)				1	1	1	1		1	1	1		1	1		1				1					1				
8			Prosecu-		(13)			-			1	1		1	1		1	-		1]		1	1		!	-	1	1	-	1			
Unwholesome Section 108.			Notices Pr		(12)							-		1	1	-	1	1	1	1		_	_						_	_	 			10
OUTWORK IN UNWHOLESON PREMISES, SECTION 108.			In- No		(II)																	<u> </u>	<u> </u>									1		
Our	.																				 		 							1				
	Prosecutions.		p Failing		(10)								 	-	-		_	[_					 _	-	-	-	-		_	 _		
		Failing		inspec- tion of	. Lists. (9)										1		1								 						1			
07.	Notices	served on Occu-	piers as	keeping or send-	ing Lists. (8)	-		1			1			1	1	1	1		1		1			1					1				1	729
EUTION 1		c year.	rkers.	Work-	meu. (7)	89	1	l	l		1	56	Ì	73	1	1		1	1	l	l		1	l	1	20	51	1	1	62	23		1	323
OUTWORKERS' LISTS, SECTION 107.	oyers	Sending onco in the year.	Outworkers.	Con-	tractors.	137	1			1		17		17					1		l	1	1		1	1	1	1		1	1	1	l	171
ORKERS	m Empl	Sending		Lists.	(5)	43		1		1	1	∞	1	9		1			П				1		1	ಸರ	C1	1		9	-		1	72
Ourv	Lists received from Employers	_	ers.	Work-	men. (4)	1472			1			29	10	42		1				1	1	1				221	40	-		1636				3488
	Lists rec	Sending twice in the year.	Outworkers.		tractors (3)	1055		1			1	203	9	30		<u> </u>			1				-		1	1		1	1	53 1]		1	1347
		nding tw		Lists.	(3)	394 1			_ 			38 _ 2	4	16				1					1	_		36	<u></u>	1	_	92				572
		s			1	es	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	•	:	:	:	:	:	:	:	1 :
						:	washing	:	:	:	:	:		:	:	:	:	:	:	:	:	:	:	:	:	* "	:	:	:	:	:	:	÷	i
							nd wa	:	:	:	:	:	:	:	:	:	:	:	:	:	•	:	:	:	:	:	:	:	:	:	:	:	:	:
		NATURE OF WORK.				ng, etc.	(2) cleaning and		20	Curtains and furniture hangings	:	:	:	:	•	:	:	:	:	:	:		:	:	:	20 20	:	:	:	tc.	:	:		
		JF W			(1)	akir	lean	:	net	hang	ry	•			٠	•	·			•	•	nets	٠		SI	r ba	•	٠	•	лs, е	•	•	eats	
		TRE (-(1) making,	(2) c	:	Lace, lace curtains and nets	ure	Furniture and upholstery	:	:	Brass and brass articles	:	:	els	:	Locks, latches and keys	:	:.	Nets, other than wire nets	:	:	Kacquet and tennis balls	Paper, etc., boxes, paper bags	:	:	:	Carding, etc., of buttons, etc.	:	:	sweetmeats	al
		TATU							sins	rnit	uphe			s ar		ins	apn		and		20	n w			enni	cs, 1				of po				Total
		2				pare		liner	urt	E D	nd	е	:	oras	:	cha	d gr	:	ser.	etc.	wer	tha	:	:	d te	pox	gui		ting	c., c	52	King	and	
						ap)		old 1	00	an	re a.	plate	king	nd h	ling	nuq	ane	u	atel	as,	fi Fi	sher			an	etc.,	naki	king	Sor	, etc	toy	mak	tes	
						Wearing apparel-	,	Household linen	3, la	ains	nitm	Electro-plate	File making	ss an	Fur pulling	Cables and chains	Anchors and grapuels	Cart gear	ks, 1	Umbrellas, etc.	Artificial flowers	s, ot		Sacks	duet	er, e	Brush making	Pea picking	Feather sorting	ling	Stuffed toys	Basket making	Chocolates and	
						Wea		Hon	Lac	Curl	Fur	Elec	File	Bras	Fur	Cab	Anc	Cart	Loc	Cm	Arti	Net	Tents	Sac	Kae	Pap	Bru	Pea	Fea	Car	Stu	Bas	Cho	

IV.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year ... 4,876

V.—OTHER MATTERS.

	Number.
Matters notified to H.M. Inspector of Factories:—	
Failure to affix Abstract of the Factory and Workshop Acts (s.133, 1901)	31
Action taken in matters referred by (Notified by H.M. Inspector	240
H.M. Inspector as remediable under	
the Public Health Acts, but not	
under the Factory and Workshop Reports (of action taken) sent	
	00.7
Acts (s. 5, 1901) to H.M. Inspector	337
Other	
Underground bakehouses (s. 101):—	
Certificates granted during the year	_
In use at the end of the year	0
In use at the end of the year	0

BLACK SMOKE NUISANCE.

Only 4,015 observations of one hour's duration each were made during 1915 as compared with from 10,000 to 15,000 in preceding years. Seventy-two of these were found to be excessive, and reported to the Public Health Committee.

During the year under review the following report was made on atmospheric impurity:—

ATMOSPHERIC IMPURITY.

In addition to the various so-called soot gauges which have been installed at St. Mary's playground, Selly Oak Park, and Aston Hall, I have had a daily estimation made of the amount of impurity suspended in the atmosphere. This has been ascertained by means of Owen's air filter, and the observations have been made by Inspector Hill at St. Mary's playground at the rear of the General Hospital.

The filter in question consists of an apparatus which allows of exactly two litres of air being filtered through a piece of specially prepared white filter paper, the colour produced being measured against a standard colour disc.

Daily estimations have been made from the first of December, 1914, to June 30th. Unfortunately, at this latter date it was impossible to continue owing to staff not being available. The colour of the impurities is shown on the filter paper, and by comparing this with certain standard colours, a number is obtained running from 0 to 20. If this number is divided by 2, one obtains approximately the weight of impurity in milligrammes per cubic metre of air in cities.

The following table shows the colour number during each of the months:—

The following table shows the colour number during each of the months:—												
	Dec.	Jan.	Feb.	March	April.	May	June.					
Highest shade No. during work days	10	6	5	5	5	5	4					
Atmospheric conditions at time	Fog	Slight Fog	Dull	Dull	Dull	Rain	Clear					
Lowest shade No. during work days	2	2	2	2	2	1	2					
Atmospheric conditions at the time	Rain or Clear	Rain or Clear	Dull or Snow	Clear	Clear	Sunny & Wind	Clear					
Average shade No. per day for whole month	4.24	3.40	3·25	3.26	3.13	2·51	2.43					
Highest shade No. during Sundays only	None	4	3	3	2	2	2					
Atmospheric conditions at the time	_	Slight Fog	Dull	Dull	Clear	Sunny	Sunny					
Lowest shade No. during Sundays only	-	2	2	1	2	1	1					
Atmospheric conditions at the time	-	Clear	Sunny	Sunny	Clear	Clear	Sunny					
Average shade No. (monthly) Sundays only	-	2.5	2.25	2.0	2.0	1.8	1.5					

It will be noted that the higher readings were obtained during foggy weather in December. It will also be noted that the average reading was very much higher in December (4·24) than in June (2·43), and that this applies not only to all the days of the month, but also to the colour readings taken on Sundays.

In the next table are set out the colour readings for each day of the week:-

	Dec.	Jan.	Feb.	March.	April.	May.	June.	Total.	Average.
Monday Tuesday Wednesday Thursday Friday *Saturday Sunday	4·0 4·5 6·0 6·25 2·75 2·75 Nil	4·25 3·75 3·25 3·50 4·0 3·0 2·50	3.75 3.25 3.75 3.50 3.75 2.50 2.25	3·75 4·50 3·50 3·75 2·75 2·50 2·0	3·50 3·0 3·0 3·50 3·50 3·50 2·0	2·0 3·0 2·75 2·25 2·75 3·0 1·8	2·75 2·75 2·50 3·0 2·25 2·0 1·5	24·00 24·75 24·75 25·75 21·25 19·25 12·05	3·43 3·53 3·53 3·68 3·03 2·75 2·00

^{*} Sample is taken on Saturdays when most factories are closed down or burning off fires.

It will be noticed that Saturdays and Sundays show considerably less colour than other days of the week, and probably indicate to a certain extent the amount of impurity in the atmosphere due to manufacturing processes, the difference between Sundays and the highest of the week-days being equal to a reduction of about 44 per cent.

In the next table are shown the average colour numbers taken under varying atmospheric conditions:—

Fog								12	days	= 76	=	6.33	per day.
Dull								57		=202	=	3.54	,,
Rain or													
Clear													
Sunny													
Clear or	sunny	accom	panied	by hig	gh wind	veloci	tv	8		= 15	=	1.87	

The state of the weather only applies to the particular part of day when sample was taken. The above table indicates very clearly the very great difference which exists in the cleanliness of the atmosphere between foggy weather and clear weather, especially clear weather accompanied by high wind.

HEALTH VISITORS' WORK.

(REPORT BY BLANCHE GARDINER, B.A., SUPERINTENDENT OF HEALTH VISITORS.)

Each year shows an increase in the number of Women Workers employed in what is known generally as the "Health Visitors" Department, though, as was shown in last year's report, it is now necessary to differentiate between those who are engaged in general Health Visiting and those whose attentions are confined solely to Infant Welfare or to Tuberculosis cases.

The following table shews the extent of this increase since 1910:-

				Health Visitors.	Infant Visitors.	Tuberculos Visitors.	Totals.	
1910				 16	 2	 2		20
1911	(Greater	Birming	gham)	 21	 2	 4		27
1915		• • •		 21	 12	 10		43

The varied nature of the Health Visitors' work is only partly indicated by the following table. In addition, they have delivered a number of Health Lectures or Talks at Mothers' Meetings, to Factory Girls, etc., have given evidence in Police Court cases, and have generally been the ones called upon to make special and unusual enquiries instituted by the Public Health Department or outside agencies, as it is felt that their wide experience and intimate knowledge of the poorer homes make them valuable investigators (e.g., enquiries as to the varying war prices of coal, food, etc., as to drunkenness amongst women, inspection of munition lodgings, etc., etc.).

The Health Visitors always take a keen interest in such special enquiries in spite of these interfering somewhat with the daily routine visits, which in themselves are more than abundant.

HEALTH VISITORS' WORK.

PRIMARY VISITS :-										
Systematic							• • •		• • •	1,334
Births				• • •		•••		• • •		11,651
Ophthalmia 1	Neonat	orum				• • •	• • •	•••	• • •	197
Diarrh œ a Dea	aths					•••	•••		• • •	339
Measles		• • •		•••		•••	•••			7,246
German Meas		• • •				•••		•••		604
Chicken Pox		• • •	• • •	• • •	• • •	•••	• • •	• • •		3,971
Whooping Co	$_{ m ugh}$	• • •	• • •	•••		• • •	• • •	• • •	• • •	1,742
1	• • •	• • •	• • •	•••	• • •	• • •	• • •	• • •		4,072
	• • •	•••	• • •	•••	• • • •			• • •		79
O	• • •	• • •	• • •	•••			• • •	•••	• • •	30
	• • •	• • •	• • •	•••		•••	• • •	•••	• • •	83
1 0		• • •			• • •			• • •	• • •	229
O	•••	•••	•••	•••	• • • •	•••	• • •	• • •		230
Unclassified S	School	Cases	• • •	• • •		• • •	•••	•••	• • •	5,083
	• • •	• • •	• • •	•••	• • •	• • •	• • •	•••	• • •	630
Reported Ove		0			• • • •	•••	• • •	•••	• • •	12
Other Visits	(not in	cluded	l in a	above)	• • •	•••	• • •			6,764
	• • •	• • •	•••	• • •	•••	• • •	• • •	•••		10,822
Useless Visits (i.e.	., out,	remov	red, e	etc.)	•••	•••	•••	•••	•••	8,606
			Te	otal	•…					63,724

The work carried on by the Infant Visitors at the different Maternity and Infant Welfare Centres and in the surrounding areas is described elsewhere (page 12), but the total number of primary visits paid by the Infant Visitors and Health Visitors re Births, Diarrhœa Deaths, and Ophthalmia Neonatorum is as follows:—

Primary Visits.	By Health Visitors.	By Infant Visitors.	Total.
Births	11,651	6,510	11,161
Diarrhœa Deaths	. 339	236	575
Ophthalmia Neonatorum	. 197	127	324

The cases of Ophthalmia Neonatorum were visited by the Health and Infant Visitors immediately on receipt of the notification, and re-visits were paid to each as long as it was considered necessary. In some instances the state of the eyes was such as to need constant supervision in order to ensure the treatment ordered by the hospital or private doctor being carried out.

SCHOOL CHILDREN.

The Health Visitors come into personal contact with the school children when visiting the homes for Measles, Chicken Pox, Whooping Cough. Mumps, etc., and during the year paid over 630 visits to the schools, either in connection with these reported cases or at the especial request of the Head Teacher.

The inspection of verminous children in schools was discontinued this year by the Health Visitors and carried on by the School Nurses, and consequently no procedure could be taken by the former under the Children Act (Sec. 122), whereas last year 560 were compulsorily cleansed at Floodgate Street Cleansing Station.

Floodgate Street Cleansing Station.

The Temporary School Medical Officer in his Report for 1915 says:—"The actual cleansing of a child was only to take place if, within six months of the parents being fined for a child's non-attendance (on exclusion for vermin), such child was again found to be in a verminous condition. It is pleasant to report that this procedure was found to be necessary in one case only during the whole year." But the Health Visitors notice that the very bad, long standing, and difficult cases of verminous children eventually revert again to them when the School Teachers ask them to pay a home visit on the grounds that "The state of the child is such as to warrant the belief that it has been brought about by bad home conditions."

About 1,900 school children in connection with the Country Holiday Societies were again examined in July by the Health Visitors at two large inspections and at several smaller ones. The majority of these were pronounced clean and free from vermin, though the 300 children who, having lost their fathers during the war, were paid for by the "Daily Mail Fund" in June, did not reach the same standard of cleanliness as the others, who had been making special efforts for a long period to become clean and free from vermin.

During the continuance of the war considerable changes are observable in the condition of the homes. In many of the poorer ones, now that extra money is coming in, there has been a marked improvement in the furnishing of the rooms and in the clothing and feeding of the children. On the other hand, in the skilled artisan classes, where in many cases the men are away on service and at the same time the women are employed in factories, some neglect of the home has been caused, although not to the extent of prejudicing the health of the inmates. The question of the alleged increase of drinking amongst women was carefully considered by the Health Visitors and special evening visits were made to suspected homes, and a report of their evidence was compiled by myself and submitted to the Sub-Committee formed at the request of the Women's Advisory Committee to the Liquor Board of Control.

TABLE I.

Vital Statistics of Whole District during 1915 and previous Years.

							_													
STRICT.	Ages.	Rate.	13	17.5	16.3	15.8	17.7	15.1	15.9	15.3	15.3	15.1	13.2	15.0	14.1	14.9	14.8		15.4	14.4
HNG TO THE DIS	At all Ages.	Number.	12	13,290	12,650	12,224	13,882	11,948	12,737	12,356	12,596	12,398	11,001	12,623	12,005	12,962	13,026		12,550	12,816
NETT DEATHS BELONGING TO THE DISTRICT	ar of Age.	Rate per 1,000 Nett Births.	11	176	144	147	179	141	157	133	130	121	115	150	111	129	122		140	118
NET	Under I year of Age.	Number.	10	4,205	3,503	3,525	4,346	3,224	3,682	3,084	3,124	2,727	2,570	3,298	2,470	3,070	2,839		3,262	2,490
le Deaths.	Residents not	registered in the District.	6	300	300	&••	30.	\$ ∞•	&⊶	go•	٥٠.	300	<i>⊕</i> ••	\$∞•	212	208	257		3~•	357
Transferable Deaths.	Non-residents	registered in the District.	20	s	300	300	<i>⊗</i> ••	<i>⊕</i> ∞•	@»•	<i>\$</i> ∞•	300	G	@>+	œ.	338	362	346		÷••	448*
Registered	ŧ	Rate.	1-	18.6	16.7	16.0	17.9	15.3	16.2	15.6	15.5	15.3	13.5	15.2	14.3	15.0	14.9		15.7	14.5
Total Deaths Registered in the District.		Number.	9	14,089	12,973	12,433	14,047	12,132	12,983	12,567	12,782	12,573	11,200	12,760	12,131	13,116	13,115		12,779	12,907
	.t.	Rate.	10	31.4	31.2	30.9	31.0	29.0	29.4	28.8	29.1	27.4	26.8	26.1	26.1	27.3	26.4		28.5	23.7
Births.	Nett.	Number.	4	23,866	24,246	23,956	24,260	22,939	23,484	23,233	23,986	22,555	22,288	21,975	22,168	23,812	23,207		23,284	21,187
	Uncorrected	Number.	æ	300	30.	200	300	30+	<i>⊗</i> ∞•	300	300	3 00	@>•	300	22,186	23,858	23,268		<i>⊕∞</i>	21,217
Pomlation	estimated to	each year.	63	760,989	768,757	776,604	784,532	792,540	800,631	808,803	817,060	825,400	833,826	842,337	850,947	859,644	882,534		814,615	891,234
	Year.		-	1901	1902	6061	1904	1905	9061	7061	8061	6061	1910 5	1911	1912	1913	1914	Averages for	years 1901-1914	3161

Rates in columns 5, 7, and 13 calculated per 1,000 of estimated population.

Number of inhabited buildings, 177,030. Area of District in acres, 43,537. Total population at all ages at Census of 1911, 840,202.

Average Number of Persons per house, 4.7.

* Including all members of the Military and Naval Forces, whether residents of Birmingham or not.

TABLE II.

Causes of, and Ages at, Death during the Year ending January 1st, 1916.

								AG:	ES.									Fe-	Don
CAUSE OF DEATH.	0-	1-	2-	3-	4-	5-	10-	15-	20-	25 -	35-	45-	55-	65-	75-	85-	Males	males.	Per- sons
I Committee Dropping					1				1								1		
I.—GENERAL DISEASES. Enteric Fever						1	1	1	1	1	1	1					7		7
Typhus Fever	_		_	_		_			_	_	_	_			_		l <u> </u>		
Relapsing Fever		_					_	_		_				_		-			
Malaria	<u>—</u>	_		_				_	<u> </u>	<u> </u>	_	Ш	!	_	_		l —		
Smallpox—										- 8									
(a) Vaccinated	-	—	-	-	-	-	-	—	—	-	-	-			-	-	<u> </u>	_	
(b) Not Vaccinated	<u> —</u>		<u> </u>	-	-			—	<u> </u>		<u> </u>	—	<u> </u>				—	_	
(c) Doubtful				_				—		-	—		<u> </u>					 	
Measles	100		78	33	17	29	1	<u> </u>	1	—		_	-	-	-		215	205	420
Scarlet Fever	3	5	3	11	6	22	7	4			i —		_	_	-		35	26	61
Whooping Cough	48	$\begin{array}{c c} 36 \\ 12 \end{array}$	17 13	$\begin{array}{ c c }\hline 10 \\ 24 \\ \end{array}$	5	5 47	15	$\frac{-}{2}$		_	_				_	1	45	76	121
Diphtheria	6	12	13	24	11	47	15	Z	_	1	2		1			1	68	66	134
Croup Influenza	$\frac{}{2}$	1	1	1		3	$\frac{-}{2}$	3	$\frac{1}{2}$	5	11	$\frac{-}{24}$	$\begin{vmatrix} 1 \\ 30 \end{vmatrix}$	35	18	8	$\begin{vmatrix} 1 \\ 83 \end{vmatrix}$	63	$\begin{vmatrix} 1\\146 \end{vmatrix}$
Miliam Toman						_		_		_	11			_		_		05	140
Asiatic Cholera			_	_		_		_	_	_				_		 			
Cholera Nostras	_		_	_	_			_	_	_					_	_	_	_	
Dysentery	-	_	_	_	1	_	_		-	_	1				1		2	1	3
Plague	_	_	_	-	-	-	-	—	-		<u> </u>		<u> </u>		—	-	—		-
Yellow Fever		-	-	1-	—	—		<u> </u>	-	—	—		<u> </u>	_	-	-		<u> </u>	_
Leprosy	_	-	_			-		_		_	<u> </u>	_	<u> </u>		<u> </u>	_			
Erysipelas	6	_	_	_	-	_	-	1		1	4	2	3	3	2	2	11	13	24
Other Epidemic Diseases	0	$\begin{vmatrix} 2 \\ 1 \end{vmatrix}$		-		$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$		$\frac{-}{2}$	3	1	3	4	1		1		$\begin{vmatrix} 1\\13 \end{vmatrix}$	$\begin{vmatrix} 2 \\ 6 \end{vmatrix}$	$\begin{vmatrix} 3\\19 \end{vmatrix}$
Pyæmia, Septicæmia Glanders									3	1	-3						10	0	19
Anthrax (Splenic Fever)			_			_					-	_		_	_	_	_		
Rabies	l	_		_	_	_	_	_	V	_	_			_			_		_
Tetanus	l	-	_		_	1	1		_		_		_	—		<u> </u>	2		2
Mycoses	_	_	_	-	-		-	_		-		-	-	-	—		-		
Pellagra	-		-		-	-		-	-		-	_	_	_	-	-			1 —
Beri-Beri	-	_			_			_	<u> </u>	_		-	-	_	_	-	_		
Pul. Tuberculosis (not acute)	2	6	5	2	3	7	18	44	99		293	$\frac{201}{23}$	$\begin{vmatrix} 96 \\ 6 \end{vmatrix}$	30	3	1	669	375	1044
Acute Phthisis	3	1	2		_	2 4	$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	5	7	17	$\begin{vmatrix} 19 \\ 4 \end{vmatrix}$	25	0				12	33 5	80
Acute Miliary Tuberculosis Tuberculous Meningitis	17	14	$\begin{vmatrix} 1 & 2 \\ 10 & 1 \end{vmatrix}$	8	6	7	$\begin{vmatrix} \frac{2}{2} \end{vmatrix}$	2	3	1	_		$\frac{1}{2}$				43	28	71
Tuberculosis (Periton. Intest.)	39	9	11	$\begin{vmatrix} 0 \\ 2 \end{vmatrix}$	3	6	3	3	2	4	7	2		_	_		43	48	91
Tuberculosis (Spinal Column)	_	2	1	_	_	_	1	_	2	4	1	2	1	_			8	6	14
Tuberculosis (Joints)			_		_		1	1	2	1	_	1	1	1	-		3	5	8
Tuberculosis (other organs)	3	_	_	-	1	1	2	1	-	4	-	3	-	-	_		9	6	15
Disseminated Tuberculosis		7	2	2	2	3	—	2	1	4	4	2	2	_	-		21	16	37
Rickets, Softening of Bones	1	1.0	3	-	-					_	-	_	_	_	-	_	10	13	23
Syphilis		4	1		-			1	1	3	-	1	2	2	-		21	18	39
Other Venereal Diseases Cancer (buccal cavity)	1		_		_	_					_	$\frac{}{19}$	$\frac{-}{24}$	13	$\frac{1}{4}$	1	$\begin{vmatrix} 4 \\ 59 \end{vmatrix}$	$\begin{vmatrix} 1 \\ 8 \end{vmatrix}$	$\begin{vmatrix} 5 \\ 67 \end{vmatrix}$
Cancer (buccal cavity) Cancer (stomach, liver, etc.)									1	1	$\begin{vmatrix} 5 \\ 19 \end{vmatrix}$	$\begin{vmatrix} 19 \\ 60 \end{vmatrix}$	$\begin{vmatrix} 24\\96 \end{vmatrix}$	$\begin{vmatrix} 13 \\ 77 \end{vmatrix}$	25			$\frac{8}{129}$	282
Cancer (periton., intest., rectum)								1	$\frac{1}{2}$	3	$\begin{vmatrix} 1s \\ 12 \end{vmatrix}$	$\begin{vmatrix} 00\\29 \end{vmatrix}$	51	58	$\begin{vmatrix} 23 \\ 24 \end{vmatrix}$		96	86	182
Cancer (female genital organs)	_	_	_	_		_	_	_	_	5	18	35	24	15	6		-	103	103
Cancer (breast)	-			_	_	_	_		-	2	18	24	23	22	15	1	_	105	105
Cancer (skin)	-	-	-	-	_	-	_		-	-	1	1	3	1	-		4	2	6
Cancer (other organs)	-	-	1	-	-	1	2	3	3	4	15	36	34	32	9		87	53	140
Other Tumours (undefined)	-		-		_	-	_	_	-	_	$\frac{2}{4}$	$\frac{3}{2}$	2		1		5	3	8
Rheumatic Fever Ch.Rheumatism, Osteo-Arthritis			-		3	7	8	3	5	$\begin{vmatrix} 7 \\ 1 \end{vmatrix}$	4	$\begin{vmatrix} 3 \\ 8 \end{vmatrix}$	$\begin{vmatrix} 1 \\ 7 \end{vmatrix}$	$\begin{vmatrix} 2\\11 \end{vmatrix}$	6		23 13	$\begin{bmatrix} 20 \\ 21 \end{bmatrix}$	43 34
Cont										1	1	$\begin{vmatrix} 8 \\ 4 \end{vmatrix}$	6	4	1		$\begin{vmatrix} 13 \\ 10 \end{vmatrix}$	$\begin{bmatrix} 21 \\ 5 \end{bmatrix}$	15
Scurvy													_	_				_	_
Diabetes				1		_	4	3	8	7	12	8	27	23	9	-	56	46	102
						}						1				1	-		1

TABLE II.—continued.

								L	AGES	S.									
CAUSE OF DEATH.	0-	1-	2-	3-	4-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	Males	Fe- males	Per- sons.
Chorea	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			- - - - - - - - - -			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		3 -1 1 2 2 1 1 1 	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$		$ \begin{array}{cccccccccccccccccccccccccccccccccccc$			$\begin{bmatrix} 2 \\ 1 \\ 4 \\ 18 \\ 1 \\ 4 \\ 2 \\ -1 \\ 1 \\ 5 \\ 24 \\ 48 \\ 18 \\ 1 \\ 263 \\ 5 \\ 31 \\ -6 \\ 24 \\ -3 \\ 7 \\ 7 \\ 22 \\ 195 \\ 23 \\ 372 \\ 14 \\ 17 \\ 77 \\ 2 \\ 43 \\ 3 \\ 2 \\ 3 \\ -1 \\ -12 \\ 3 \\ 597 \\ 281 \\ 170 \\ 202 \\ 18 \\ 12 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 2 \\ 1 \\ 1$	$\begin{bmatrix} 20 \\ 403 \\ 7 \\ 2 \\ 58 \\ 2 \\ 4 \\ 1 \\ 1 \\ 1 \\ - \\ 9 \\ 2 \\ 246 \\ 94 \\ \end{bmatrix}$	$\begin{array}{c} 11 \\ 4 \\ 12 \\ 33 \\ 5 \\ 6 \\ 2 \\ \hline 1 \\ 8 \\ 40 \\ 106 \\ 21 \\ 3 \\ 46 \\ 559 \\ 16 \\ 60 \\ 57 \\ 13 \\ 66 \\ 1 \\ 154 \\ 4 \\ 25 \\ 48 \\ \hline 6 \\ 16 \\ 13 \\ 48 \\ 438 \\ 4$

TABLE II.—continued.

								AGE	s.									Fe-	Per-
CAUSE OF DEATH.	0-	1-	2-	3-	4	5-	10-	15-	20-	25-	35-	45-	55-	65-	75- 8		Males	males.	sons.
											***	10	-	00-	,0-	,,,,			
Asthma		_		1	_	_		_	_	1	1	6	9	10	3		16	15	31
Pulmonary Emphysema	<u> </u>	-		-	_	-	-	1	_	1	_	2	6	3	3	2	14	4	18
Fibroid Disease of Lung	-			-		-	_					1	—	1		-	1	1	2
Other Dis. of Respiratory System	_		-	-	-	-		-		1	2	2	2	-	-	-	7	—	7
V.—DIGESTIVE SYSTEM. Diseases of Teeth and Gums	7	2						1			1		1				0	4	10
Other Dis. of Mouth and Annexa																	8	4	$\begin{vmatrix} 12 \\ 4 \end{vmatrix}$
Diseases of Pharynx, Tonsillitis	_	2		1					_	_	1	$\frac{1}{2}$	_				3	3	6
Diseases of the Esophagus	_		-		<u> </u>		_	_	_	_			2	_	_	_	$\frac{1}{2}$	_	$\begin{vmatrix} & \cdot & \cdot \\ 2 & \end{vmatrix}$
Perforating Ulcer of Stomach	_		-	—		_	2	_	3	10	13	7	10	1	1		31	16	47
Inflammation of Stomach		11	2	2		<u> </u>	1		-	1	2	3	4	6	7	3	57	39	96
Other Diseases of Stomach	1	-	-		_	_	-	-	<u> </u>	1		1	2	3	3	_	6	5	11
Diarrhœa, Enteritis	479	100	15	7	5	8	1-	_	4	3	10	8	12	17	15	1	370	314	684
Ankylostomiasis Other Intestinal Parasites						1											1		1
Appendicitis				1		11	10	6	6	9	11	3	6	1			$\begin{vmatrix} 1 \\ 31 \end{vmatrix}$	33	64
Hernia	0	1		_			_	_	_	_	$\frac{11}{2}$	9	7	$\frac{1}{9}$	5	1	14	22	36
Intestinal Obstruction	9	1	1			1	1	_	_	1	5	3	4	9	4	1	20	$\frac{1}{20}$	40
Other Diseases of Intestines	-	-	—		1		-	-	1	1-	-	-	1	2	-	—	4	1	5
Acute Yellow Atrophy of Liver	-	-	-	_	-	 —		-	-	1		-	-	—		_		1	1
Hydatid of Liver	-	-	-	_	-	-	_	-		_	<u> </u>	0.1	_	_	-	_	-		
Cirrhosis of Liver	-	-	-		-	-	1	_	-	2	10	31	24	6	4	_	42	36	78 19
Biliary Calculi Other Diseases of Liver	9		1		1	-		_		1	$\begin{vmatrix} 2 \\ 4 \end{vmatrix}$	$\begin{vmatrix} 3 \\ 6 \end{vmatrix}$	$\begin{vmatrix} 6 \\ 7 \end{vmatrix}$	6	$\begin{vmatrix} 4 \\ 2 \end{vmatrix}$	_	$\begin{vmatrix} 6 \\ 10 \end{vmatrix}$	13 21	31
Discourse of States	1		1								-	0	1		$\begin{vmatrix} z \\ 1 \end{vmatrix}$		1	1	$\frac{31}{2}$
Peritonitis (cause unstated)	3		1	1	1	2	II	1		2	3	2	2	3	1		13	9	$\frac{1}{22}$
Other Dis. of Digestive System	-	_		_	_	1]	-	_	1	1	_	3	1	_	_	5	2	7
VI.—GENITO-URINARY SYSTEM.						,	ľ												,
Acute Nephritis			2	2	2	1	-	-	3	5	3	3	3	2	-		18	12	30
Bright's Disease	. 1	3	-	-	1	4	4	6	2	10	23	61	84	75	18	4	168	128	296
Chyluria	$\cdot \mid -$	1		-		-	1	1-	1-	1-			3	-	1	_		6	13
Other Dis. of Kidney & Annexa Calculi of Urinary Passages		$\begin{vmatrix} 1 \end{vmatrix}$	1	-	<u> </u>	1	1-	_	1	1	$\begin{vmatrix} 2\\1 \end{vmatrix}$	$\begin{vmatrix} 2\\1 \end{vmatrix}$	$\begin{vmatrix} 3 \\ 2 \end{vmatrix}$	3	1		$\begin{vmatrix} 7 \\ 6 \end{vmatrix}$	2	8
Diseases of Bladder	1									1	1	$\frac{1}{2}$	3	6	4	2	14	5	19
Diseases of Urethra, etc			l_			1_					3	2	2	2		_	9	_	9
Diseases of Prostate		1-	-	-	1	_	1-	-	-				5	10	11	1	27		27
Diseases of Male Genital Organs	1	-	-	<u> </u>	-	—	i-		(<u> </u>	-	J-	-	<u> </u>	-	-	—	1	-	1
Uterine Hæmorrhage		-	Y-	-	-		1-	-	1	-		1	-	<u> - </u>	1-1	—	—	2	2
Uterine Tumour	-		-	-		_	-	_	1-	_	1	1	1	1	-	_	-	4	5
Other Diseases of Uterus Ovarian Cyst, Tumour	1									3	$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	1	1	1	1			5 4	$\begin{vmatrix} 5 \\ 4 \end{vmatrix}$
Other Dis. of Female Organs	1						1			3		1	1			_		6	6
Diseases of Breast			-				1	-		_	_	_		_			<u> _ </u>	_	-
VII.—THE PUERPERAL STATE.	1	1		1															
Accidents of Pregnancy	. -	-	-	-	-	-	_	\ <u> </u>	1	4	1		-		-	_	-	6	6
Puerperal Hæmorrhage	. -	-	-		-		-	-	$\cdot \mid 1$		6			1	-	-	-	10	10
Other Accidents of Childbirth.	-		1-	-				-	-	$\frac{1}{2}$	6		-				-	8	35
Puerperal Fever Puerperal Alb'ria & Convulsion						.	1	1						1				35	10
DL1							1		$\begin{bmatrix} 1 \\ 1 \end{bmatrix}$									3	3
Puerperal Insanity							1									_	 _	_	_
Puerperal Diseases of Breast .	—	- _	-	-	- _	·	1-	- -	· _	$\cdot \mid 1$	-	-	-	-				1	1
VIII.—SKIN & CELLULAR TISSUI	E.																		
Senile Gangrene			-	1-	-		1	-	-	-	-		3		14	2	14	14	28
Gangrene (other types)]	1		-	- 2	2 1	1		-	1-	- 1	-	5			-	7	5	12
Carbuncle, Boil					1	-			1	1		-	1		1		$\begin{vmatrix} 2\\8 \end{vmatrix}$	8	$\begin{vmatrix} 2\\16 \end{vmatrix}$
Phlegmon, Acute Abscess Dis. of Integumentary System		0 - 1								1	4	$\begin{bmatrix} 3 \\ 3 \end{bmatrix}$					$\begin{vmatrix} 8 \\ 10 \end{vmatrix}$	8	18
Dis. of Integumentary System	1 ,				1		1					3	1	3	1		1.0		10
					3			1					13.1	1			1		1

TABLE II.—continued.

									AG	ES.								TC-	
CAUSE OF DEATH.	0-	1-	2-	3-	4-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	Males	Fe- males.	Per- sons.
IX.—BONES AND ORGANS OF																		J	
LOCOMOTION.	4					3	9	9	1		1	ĺ	$_2$	4			4.0	-	1.7
Diseases of Bones	4	_				0	2	2	1	1	$\frac{1}{1}$		2	1	1	-	10	7	17
Diseases of Joints	1	ы								1						-	3	_	3
Amputations Other Dis. of Locomotor System																\ <u> </u>			
X.—MALFORMATIONS.																ļ			
Congenital Malformations	82	6	2	2	1	4	1	2	2	_	_	2	_				57	47	1.04
XI.—DISEASES OF EARLY													•						1.02
INFANCY.																			
Premature Birth	401		_	-	-	_	_	-		-	-	-				_	217	184	401
Infantile Debility, Icterus, etc.	359	-		-	_	_		-	-	-	_		-	_	_	-	201	158	359
Other Diseases of early infancy	50		_		_	-	-	-	_	_	_	-	_	_			30	20	50
Lack of Care (under 3 months)	15		_	-		_	_	_	_	_			-	_		-	9	6	15
XII.—OLD AGE.													6	131	380	110	256	221	637
Old Age XIII.—External Causes.													0	101	364	110	250	901	031
Suicide—	1		1																
By Poison	_	_	_		_	_	_	_			_	5	_		_	_	2	3	5
By Asphyxia		-	_	-	-	_	_	-		-	-	1	- 1	1	-		1	1	2
By Hanging, Strangulation	<u> </u>	-	_	_	-	-	; —	_	-	1	1	6	2	2	—	-	8	4	12
By Drowning	<u> </u>	-	—	-	-			-	1		3	1	3	_	-		5	3	8
By Firearms	-			-		-	_	-	1	_		1	1		_	-	3		3
By Cutting or Piercing	_	1				-	_			3	2	2	2	3	1		12	1	13
By Jumping from high place	-		_		_		_	_	_	_	1	1	1		_		2	_	2
By Crushing Other Suicides											1					-	1	-	1 1
Deiganing by Food										1								1	1
Other Acute Poisonings		2	1	1	_		_	1_	_	1			1	_		_	2	3	5
Conflagration		_	_		1	_	_		1-	_	_	_		_	1	1—	2	_	2
Burns (conflagration excepted)	_	7	9	14	4	20	4	1	1-	6	2	1	2	2	5	_	35	42	77
Deleterious Gases, Suffocation	82	-	-	-	-	-	-	l —	-	-	<u> </u>	_	3	-	1	-	41	45	86
Accidental Drowning	. 1	1	-	_	-	9	3	2	1	3	4	1	4		-		18	11	29
Injury—								1		1							١.,		
By Firearms	. —	1-	-	-	_		_	1	-	-		1	_	_	-		1	-	1
By Cutting or Piercing	1 -	2	1		1					1	7	9	$\frac{-}{16}$	17	$\frac{-}{12}$	3	40	31	$\begin{vmatrix} 1\\71 \end{vmatrix}$
By Fall In Mines and Quarries			1	-	1			1		1_1	1		10	11	12	0	40	91	11
By Machines	ì	L_					1	2		2	1	_	1	_			6	1	7
By Other Crushing		1	3		5	13	8	2			12	16	13	10	3	2	_	26	96
By Animals		-	_		_	_	2	_		_	1			_			2	1	3
Starvation		-	_	-	-	-	-	-	1-	-	_	-		_	-	-	-		(- i
Excessive Cold		1-		-	-		-	1-	-	-			1-		-		· —	-	
Effects of Heat	. —	1-	1-	1-	-	1-	-		-	-	-		l —		-	-	· —		_
Lightning	. —	1-	-		-	-	-	-	1-		_		_		-	-	-		_
Electricity	. —		-	-	1-						1	-	_	-	-		$\cdot \mid 1$	1	1 1
Homicide by Firearms Homicide by Cutting or Piercing	. —		1					1			1	-	_	-	-			1	
Homicide by other means						1					1		1				3	2	5
Fractures (cause not specified)								1		.	-	_	2	1 -	_		$\frac{1}{2}$		2
Other Violence	. 2		. 1	_	-		.	. 1	. 1	. 1	1	4	2	1		- -	- 10		14
XIV.—ILL-DEFINED CAUSES.								1	1			1							
Dropsy		-	-	- -		-	-	- -	-	-	1 -		1	-	1 -		- 1		1
Syncope (1 year and under 70)			-	-	-	-	-	-	- 2	-	. 3	3	1	1	1-	- -	- i 7		11
Sudden Death (not defined)		2	-	1-	-	-				_			1			- -	$-\begin{vmatrix} 2 \\ 47 \end{vmatrix}$		
Heart Failure (1 and under 70)	_				1	- 2			- 2	2 3	8	17	30	17	-	-	- 47		
Other ill-defined causes	\cdots 2	20	2			- 2							1			_	- 10	18	28
Cause not specified																			
Totals	249	077	9 29	617	211	532	0 18	718	$4\overline{26}$	9 63	2 100	7 1298	3 161	6 185	4 132	21 27	6 669	3612	3 12816
									_						3				

TABLE III.

Births and Deaths Registered in, or belonging to, each Ward during the Year ending January 1st, 1916.

		00					
	City	7 420 61 121 135 135 146 24 1141 1141 91 140 1219 1219 1210 1140	1079 1079 1079 1087 1087 1087 1087 1087 1087 1087 1087	38	864	50 402 47 2970 125	$\frac{12816}{2490}$ 21187
	Not Located	::2::14100::121 ::88 20 20 20 20 20 20 20 20 20 20 20 20 20	en en : : : : : : : : : : : : : : : : :	:	12	:- 128	233 1 24 202 2
-	Yardley	: : : : : : : : : : : : : : : : : : :	нинн :ъю	:	t-	23:: 22	155 2 19 337 2
	Washwood Heath	::01104 ::02033 ::03020 ::01104 ::010033 ::030100	881 : 42	Н	37	9 14 3 87 6	414 99 804
	Sparkhill	: : ::::::::::::::::::::::::::::::::::	нн4 ∷ ; с :	:	6	1 2 44 76	237 20 366
	Sparkbrook	8. 11 21 22 4 25 4 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	H	28	1 15 4 106 6	467 76 875
	oyos	33 33 3 3 1 1 1 1 2 2 3 3 3 3 3 3 3 3 3	© 70 00 00 ; 1. ±	-	19	103 	372 50 545
1310.	Small Heath	: : x - 2 7 2 3 : 3 1 2 2 2 2 3 3 3 1 2 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	80: 12 H 12 G	67	23		329 52 608
	Selly Oak	: ::02 :: 422 :: 422 :: 422 :: 422 :: 12 :: 422 ::	o w a ⊢ ∶ r w	က	19	13 20 4	322 58 620
ry 186,	Sandwell	1 :: 62 1 :: 1 :: 1 :: 2 :: 4 :: 2 :: 2 :: 4 :: 2 :: 2	4000 i4 :	:	19	1 4 2 E E E E E E E E E E E E E E E E E E	219 40 377
anaari	Saltley	: ::::::::::::::::::::::::::::::::::::	£4400 :000	-	23	1 16 3 71 6	348 63 735
۱ ۹	St. Paul's		46 6 1 1 1 1 1 1 3 	_	48	22 22 4 4	650 156 919
enaing	St. Mary's	::2: ::3:	88 10 12 119	c1 -	54	 37 1134 111	787 197 1054
ear	St. Martin's	22	22 1 3 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	H ,	56	30 22 158 11	850 194 1236
2911	St. Bartholomew's		000 49 107 1	ଦୀ	89	37 152 152	851 218 1212
fara ta	Rotton Park	::4 416000	: 1 : 2 : 2 : 2 : 2 : 2 : 2 : 2 : 2 : 2		37	27 118 3	588 118 1001
ara ar	Northfield	:::3877 ::9 :7 :7 × 8	сı :н : : : :	-	∞	31: 52	100 20 163
۱ ځ	Moseley and King's Heath	:::011112188888 :: 1488884 168888 :: 1888888	: H Ø H : # :	2/	t-	:कनकुठ	262 26 408
none	Market Hall		ган а : о :	:	22	111 111 63	305 50 408
νη το, 	rozells	:::10119 0 44191451042866	17 1 2 16 16	C1	17	 12 130	469 76 745
negistered in, or vetongin	Ladywood	::30125524550050011200044 ::00125200500500112000000000000000000000	22 :1 :1 :2 :2 :2 :3 :3 :3 :3 :3 :3 :3 :3 :3 :3 :3 :3 :3	ಣ	38	3 1.9 1.07	518 99 783
01 00	Ring's Norton	1 : 2 : 2 : 2 : 2 : 3 : 3 : 3 : 3 : 3 : 3	4-12:19-	Ç1	19	1 8 1 4 49	228 40 462
in,	Нагрогие	::81414:312222111773877	4001 : 70T	:	13		184 26 321
seren	Handsworth	::41:00:00:00:00:00:00:00:00:00:00:00:00:00	0824:02	:	18	တတ္သည္က	291 45 479
hed	Hrdington (South)	$\begin{array}{c} \vdots \vdots \\ $	4 :H : :p:01	:	∞	52 - 52	$\frac{175}{24}$
arus	Erdington (North)	::::01722:::2541231188118911	2 - : - : 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	П	6	E2 H 22 E	188 30 357
()	Edgbaston	: :0 :L L U : :0 L 4 L 0 th L U 4 2 0 th	10 10 10	63	23	11 11 2 118 4	407 45 546
Dirins and Deaths	Duddeston and Nechells	::0 0100001 70004 F.4 0 Hr.010	12 4 : : : : : : : : : : : : : : : : : :		- 80	21 3 165 165	766 407 225 45 1428 546
Dire	Ralsall Heath		01 01 01 01	Н	56	10 10 153	
	Aston	. : : : : : : : : : : : : : : : : : : :	24 6 8 1 1 0 2 0 	-	50	1 14 151 3	_
	'staisS IIA	:: c. 44411-0415 0140 0140 0140 0140 0140 0140 0140	27.2 3 6 6.1 1.1 1.1 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1	10	46	3 14 131 4	630 123 1142
	Acock's Green	: : : : : : : : : : : : : : : : : : :	G 0 4 : : ‡ :	Н	23		. 302 49 . 669
	, training	tri	tis Dis	and	ma- ::: Iiar	nce ses	
	. 112	Enteric Fover Small Pox Scarlet Fevor Scarlet Fevor Whooping Cough Diphtheria, Croup Influenza Erysipelas Erysipelas Brysipelas Chuberculous Meningitis Abdominal Tuberculosis Other Tuberculosis Cancer Cherero-Spinal Fever Cherebro-Spinal Fever Gerebro-Spinal Fover Cherebro-Spinal Fover Cherebro-Spinal Fover Cherebro-Spinal Fover Cherebro-Spinal Fover Cherebro-Spinal Fover Organic Dis. of Heart Bronchitis Chiarrhea & Fateritis Diarrhea & Fateritis	Under 2 years Two years and over Appendicitis, Typhlitis Cirrhosis of Liver Alcoholism Nephritis & Bright's Dis Puerperal Fever Other Accidents & Dis-	eases of Pregnancy and Parturition Congenital Debility and	Manormanon, Frema- ture Birth Other Diseases neculiar	to Infancy Accidents or Negligence Suicides Other Defined Diseases Ill-defined Causes	TOTAL DEATHS DEATHS UNDER 1 YEAR BIRTHS
	CAUSES OF DEATH.	er "" "Ough Crough Crough S. Meni Fuber Cruber Rever nal F of H ratory	and and s, Ty Live Live Brig ever lents	egna n Debi	ion,	r Ne	ATHS DER
	SS OF	Fevo ox Fevo mg C sria, sa and lalus ludus uber uber uber tis Dis pis sa tis sa ludus uber uber	2 ye ears ioitii sof ism is & ral F	of Pr ition ital	irth irth Jises	ancy nts o s Defin	DEA S UN
	CAUSI	Enteric Fever Small Pox Measles Scarlet Fever Whooping Cough Diphtheria, Croup Influenza Erysipelas Frysipelas Brysipelas Chuberculous Menic Abdominal Tuberc Other Tuberculous Cancer Rheumatic Fever Rheumatic Fever Cherebro-Spinal Fe Meningitis Organic Dis. of Hc Bronchitis Preumonia Other Respiratory	Under 2 years Two years and over Appendicitis, Typhlil Cirrhosis of Liver Alcoholism Nephritis & Bright's Puerperal Fever Other Accidents & J	eases of Pre Parturition	Manorina ture Birth)ther Dise	to Infancy Accidents or Negli, Suicides Other Defined Dise	TOTAL DEATHS DEATHS UNDER BIRTHS
		End Sen Sen Sen Sen Sen Sen Sen Sen Sen Sen	A A C C C C C C C C C C C C C C C C C C	2 G P 8	o tr	Ac Su Ot	DE

TABLE IV.

Deaths under I year Registered in, or belonging to, each Ward during the Year ending January 1st, 1916.

	ity.	1000 1000	401	335	2490
	ot Located.	X ::::::::::::::::::::::::::::::::::::	10-	∞ <u>r</u> -	24 2
	ardley.	7 ::		m 01	19
	boowdes? leath.		16	12	00
	JlidAraq.	S ::::::::::::::::::::::::::::::::::::	- m	ъ п	20
	рагыргоок	8 : : : : : : : : : : : : : : : : : : :	151	10	92
	opo.	8 ::u::::::::::::::::::::::::::::::::::	12	4 0	50
	inall Heath.	8 :: H : : : : H : H H W : O O W W W : : : : : : : : : : : : :	12	10	52
	Selly Oak.	8	121	13 O	58
	Sandwell.	: : : : : : : : : : : : : : : : : : :	G	D =	40
	Saltley.	: : : : : : : : : : : : : : : : : : :	11	es ⊳	63
	St. Paul's.	: ::-:4::::	16	23	56
	St. Mary's.	: :4 : : : : : : : : : : : : : : : : :	25	24 10	97 1
	St. Alartin's.	:: 8 :: 11 :: 22 :: 88 :: 11 :: 3 :: 8 :: 11 :: 11 :: 11 :: 12 :: 12 :: 12 :: 13 :: 14 :: 15 ::	22	28 10	94 1
	St. Bartholo- mew's.		20	31 8	218 1
	Rotton Park.	: ::: ::::::::::::::::::::::::::::::::	15	13	118
-	Northfield.	::::::::::::::::::::::::::::::::::::::	9	ଶ :	20 1
	Moseley and King's Heath.	: :0 : : : : : : : : : : : : : : : : :	-	ကက	26
	Market Hall.	: :H :U : : : : : : : : : : : : : : : :	∞	<u> </u>	20
	Lozells.	::4H::00: H & 00H004H0H:0: : 0	10	4 70	76
	Ladywood.	: : m : : : : : : : : : : : : : : : : :	14	∞ r-	66
-	King's Norton.		11	က က	40
-	Harborne,	: : H : G : : : H : H : H : H : H : H :	,	23 23	26
	Handsworth.		ю с	ж Н	45
	Erdington (South).		-	: 4	24
	Erdington (North).	::::H::H0 : H0:44:0H::::H 01:	-	: -	30
	Edgbaston.	: : H : H : : : : : : : : : : : : : : :	77	n ⊢	45
-	Duddeston snd Xechells	: :4 :6 : :E : 77 : 22 : 25 : 25 : 25 : 25 : 25 : 25	0 6	10	225
1	Balsall Heat	: : : : : : : : : : : : : : : : : : :) O	ော	80
	Aston.	: : : : : : : : : : : : : : : : : : :	2 -	- ∞	148
	.'estnis2 IIA	: :e :u : :e : a a4 :ed :gua :eu : u2	17	∞	123
.tte	Acock's Gree	: :u : :u : :u : :u : u :u :u :u :u :u :	9	22	6#
		a mg	pu		
	затн.	Small-pox Chicken Pox Measles Scarlet Fever Whooping Cough Diphtheria and Croup Erysipelas Tuberculous Meningitis Abdominal Tuberculosis Other Tuberculosis Other Tuberculosis Laryngitis Bronchitis Bronchitis Bronchitis Bronchitis Bronchitis Bronchitis Suffocation, Overlying Injury at Birth Suffocation, Overlying Injury at Birth Atclectasis Congenital Malformations Congenital Malformations	ity, a	:	SZ
	CAUSES OF DEATH.	Small-pox Chicken Pox Measles Scarlet Fever Whooping Cough Diphtheria and C Erysipelas Tuberculous Mei Abdominal Tube Other Tuberculo Discases Meningitis (not culous) Convulsions Bronchitis Bronchitis Bronchitis Bronchitis Suffocation, Over Injury at Birth Atclectasis Suffocation, Over Injury at Birth Atclectasis Congenital Malfortions Premature Birth	Debil us		CAUSES
	VUS ES	Small-pox Chicken Po Measles Scarlet Fev Whooping Diphtheria Erysipelas Fuberculo Abdominal Other Tub Discases Meningitis culous) Convulsion Laryngitis Bronchitis Preumonia Diarrhoa Enteritis Gastritis Syphilis Esickets Suffocation Injury at Atclectasis Congenital tions Premature	brophy, Del Marasmus	Other causes	ALL C.
	5	Small-pox Chicken Pox Measles Scarlet Fever Diphtheria and Croup Brysipelas Tuberculous Meningitis Abdominal Tuberculosis Other Tuberculosis Other Tuberculosis Other Tuberculosis Discases Meningitis (not Tuberculous) Convulsions Laryngitis Bronchitis Breteritis Castritis Castritis Brickets Syphilis Brickets Syphilis Chijury at Birth Atclectasis Congenital Malformations Lions Bremature Birth	Atrophy, Debility, and Marasmus	Othe	A
		3.2.7.3.7.3.7.3.7.3.7.3.7.3.7.3.7.3.7.3.			

TABLE V.

Cases of Infectious Disease notified during each week of the year 1915.

	WEEK.	Fever	. хо	ever.	eria.	elas.	nary ilosis.	ılar itis.	osis of	osis of	nlosia .s.	losis of gans.	nated nlosis.	Spinal er.	relitis	eral r.	lmia rum.	i.
Number.	Ending.	Enteric Fever	Smallpox.	Soarlet Fever.	Diphtheria.	Frysipelas.	Pulmonary Tuberculosis.	Tubercular Meningitis.	Tuberculosis of Peritoneum and Intestines.	Tuberculosis of Spinal Column	Tuberculosis of Joints.	Tuberculosis of other Organs.	Disseminated Tuberculosis.	Cerebro-Spina Fever.	Poliomyelitis	Puerperal Fever.	Ophthalmia Neonatorum.	TOTAL.
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52	April 20 April 3 " 20 " 20 " 20 " 10 " 10 " 10 " 20 " 20 June 3 June 4 " 10 " 20 July 3 August 4 " 10 " 20 " 3 August 7 " 10 " 20 " 3 November 7 " 10 " 20 " 20 " 3 August 7 " 20 " 20 " 3 August 7 " 20 " 20 " 3 August 7 " 20 " 20 " 20 " 3 August 7 " 20 " 20 " 20 " 20 " 20 " 20 " 20 " 20	3 1 3 1 3 - 3 - 4 1 6 1 7 1 1 1 8 - 1 - 2 1 2 1 2 1 3 0 1 1 2 1 4 1 1 1 8 1 1 1 1 1 1 1 1 1		60 60 53 58 79 64 61 54 63 56 47 37 49 48 41 50 67 59 47 53 39 41 50 60 49 52 67 57 58 35 56 47 57 58 35 61 57 59 63 64 67 67 67 67 67 67 67 67 67 67 67 67 67	10 14 14 22 16 20	12 22 19 10 16 24 23 9 14 19 15 19 21 12	71 79 70 62 71 80 71 78 67 77 71 42 77 63 57 78 69 88 55 56 61 72 70 63 54 43 28 56 46 56 32 43 41 46 67 49 40 40 40 40 40 40 40 40 40 40		$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	1	2 -1 -1 -1 -2 -1 -2 -2 -2 -2 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1	$\begin{array}{cccccccccccccccccccccccccccccccccccc$			1 1 1 - - 1 - - - - - - - - - - - - - -	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	4 7 5 10 7 5 4 8 6 6 10 8 7 7 7 7 3 13 6 4 4 7 7 7 5 6 6 3 7 7 7 7 5 6 6 3 7 7 7 7 7 8 9 1 8 9 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1	204 192 181 184 225 197 182 193 187 182 152 178 166 191 187 177 177 179 171 194 169 179 171 194 165 165 138 174 158 176 176 179 171 176 176 176 176 176 177 177 177 178 179 179 171 179 179 171 179 179 179 179
	Total	31		2978	1072	128	3027	48	129	11	29	242	29	02	-	101	021	

TABLE VI.

Classified aecording to ages. Cases of Infectious Disease notified during the Year 1915.

tals.	οT	31	:	2978	1072	728	3027	45	129	17	29	242	29	52	œ	191	324	8872
	85-		:	÷	=	9	:	:	•	÷	÷	:	:	:	:	÷	:	7
	-92	•	:	:	:	17	:	:	:	:	:	:	:	:	:	:	:	17
	65-		:	:	:	52	45	:	:	:	:	:	-	:	:	:	:	86
	-55-	П	:	61	4	101	135	:	:	:	:	10	:	7	:	:	:	249
	45-	ಣ	:	ţ.	ಸಾ	144	333	:	=	:	-	Н		23	:	:	:	498
	35	4	:	35	28	155	619	:	4	ಣ	23	∞	62	H	:	45	•	906
	25-	ಬ	:	91	62	88	400	H	en	н	4	18		∞	:	81	•	1072
**	-50-	9	•	84	35	31	321	:	61	-	9	12	-	23	•	59	:	530
AGES.	15	ro	:	178	83	37	198	73	H		63	17	_	Н	*	9	:	531
	-01	4	:	564	160	17	290	:	ţ.		4	65	4	70	:	:	•	1121
	ق-	ಣ	:	1276	412	32	318	6	14	4	9	94	4	20	-	:	÷	2178
	4-	:	:	247	7.1	9	17	4	73	П	H	L	:	3	П	:	:	363
	- - -	:	:	214	97	10	11	ପ	ಬ	÷	67	6	:	=	:	:	÷	351
	Ç1	•	:	167	89	11	13	2	12	ಣ		4	ಸ್ತಾ	4		:	:	296
	-	•	:	88	34	7	12	6 :	17	67	:	:	9	!	4	:	:	187
	-0	•	:	24	13	14	9	Ξ	£	:	÷	61	ಣ	12		:	324	468
		•	:		:	:	:	:		nmn	÷	zans	.: ::	:	:	•	:	
		:	÷	:	÷	÷	losis	ritis	riton	al Col	nts	er Or	reulos	į.	:	:	orum	
DISEASE.		:	:	:	:	i	lbereu	Tening	of Pe	f Spin	of Joi	f Oth	Tube	Fev	:	er	eonat	:
Dist		Pever		ever	<u>ب</u>	V.	y Tu	ans A	osis testin	osis o	osis	osis o	ated	pinal	litis	Fev	nia N	[e
		Enteric Pever	Smallpox	Searlet Fever	Diphtheria	Erysipelas	Pulmonary Tubereulosis	Tuberculous Meningitis	Tubereulosis of Peritoneum and Intestines	Tuberculosis of Spinal Column	Tubereulosis of Joints	Tubereulosis of Other Organs	Disseminated Tuberculosis	Cerebro-Spinal Fever	Poliomyelitis	Puerperal Fever	Ophthalmia Neonatorum	Total

TABLE VII.

Cases of Infectious Disease notified during the Year 1915. Classified ac

Classified according to Wards.

_									70					_				
	City.	31	:	2978	1072	728	3027	45	129	17	29	242	29	52	∞	161	324	8872
-	Not lucated.		:	85	40	40	36	Ħ	ಬ	:	-	6			:	4	cs.	227 8
	Lardley.	62	:	45	9	16	47	63		:	:	ಬ	:	23	:	2	ಣ	135 2
	Washwood Heath.		:	111	21	31	110	-	4	П	:		:	:	:	9	12	307
	Sparkhill.	:	:	61	20	01	53	:	গ	:	:	ಣ	:	ಣ	:	63	63	156
	Sparkbrook.	က	:	156	45	27	132	4	4	H	63	o	ಣ	7	:	က	က	393
	Soho.	-	:	85	46	11	58	:	:	:	-	ಸರ		-	:	ಣ	က	215
	Small Heath	П	:	135	45	13	113	લ	-	:	cs.	14	62	-	:	2	17	353
	Selly Oak.	-	:	165	49	42	59	:	23	:		2	Ø	:	:	2	9	341
	Sandwell.	1	:	89	22	11	32	:	:	:	:	63	:	:	:	63	Н	139
	Saltley.	:	:	117	29	18	98	H	7	62	_	ಣ	:	63	Н	G	12	294
	St. Paul's.	1	:	92	30	26	152	7	ţ-	-	7	10	63	:	:	70	21	349
	St. Mary's.	Ø	:	55	33	32	175	62	ಣ	63	67	13	Н	ಣ	:	ī	25	353
	St. Martin's and Deriten	67	:	94	39	31	250	4	12	:	67	18	Ø	5	:	9	37	502
-	St. Bartholo mew's.	7	:	118	27	55	191	-	ಸರ	П	67	6	ಸ	ಣ	7	4	27	450
.,	Rotton Park	-	:	100	61	27	131	ಣ	Ø	62	ಣ	13	ಣ	23	П	2	19	375
	Northfield.	П	:	58	2	1	13	П	:	:	-	ಣ	:	Т	:	63	:	88
	Moseley and King's Heat	-	:	73	33	10	38	:	H	•	:	67	•	:	:	Ø	ಣ	163
	Market Hall	:	:	37	6	10	72	:	Π	:	:	16	-	:	:	ಣ	9	165
	Lozells.	:	:	121	32	25	111	9	:	T	-	70	÷	က	7	<u></u>	23	315
5	Ladywood.	2	:	104	41	24	126	4	∞	•	H	11	Н	1	:	10	21	354
	King's Norton.	П	:	90	63	24	58	_		:	:	4	:	4	:	63	ಸರ	253
	Нагьогие.		:	41	33	15	34	22	22	:		67	:	-	:	64	:	134
	Handsworth	:	:	90	49	20	61	Н	- -	:	:	4	:	<u>:</u>	:	4	ಣ	233
	Erdington South.	:	:	71	38	14	28	:	:	:	:	ಣ	:	1	:	4	ಣ	162
_	Erdington North.	-	:	7.1	21	14	30	:	7	:	:	22	:	1	:	63	4	147
	Edgbaston	1	:	86	31	21	81	:	11	-	П	4	H	থ	÷		ಣ	248
.8	Duddeston Sileiləs Nechells	Н	:	151	33	20	204		30	:	ಣ	12		П	:	2	38	532
	Balsall Heath.	:	÷	162	26	21	155	:	4	Т	H	12	H	67	H	<u>0</u>	10	405
	Aston.	П	:	93	29	32	126	ಣ	ಣ	ಣ	:	ಹ	:	4	H	∞	11	319
	'stais IIA	23	:	121	57	46	188	→	9	H	÷	15	83	2	63	10	21	482
	Асоск'я Стееп.	-	:	122	52	I	62	:	4	:	63	13	:	i	:	2	4	283
						:	Pulmonary Tuberculosis	ritis	rito- ines	Spinal	ints	Other	reu-	/cr		•	Ophthalmia Neonatorum	
	स्	:		:	:	÷	bere	Meningitis	of Per	of Sp	of Joints	of Ot	Tube	Fer	:	7er	onat	:
	DISEASE.	Fever		cver	ದ	7/2	y Tu		osis ond In				rted.	pina	litis	Fev	ia Ne	Total
	Ī		Smallpox	Scarlet Fever	Diphtheria	Erysipelas	lonar	Tubercular	Tuberculosis of Perito- neum and Intestines	Tuberculosis Column	Tuberculosis	Tuberculosis Organs	Disseminated Tuberculosis	Ccrebro-Spinal Fever	Poliomyelitis	Puerperal Fever	halm	T
		Enteric	Sma	Scarl	Diph	Erys	Puln	Tube	Tube	Tube	Tube	Tube	Dissem losis	Cere	Polic	Puer	Opht	
-																		

TABLE VIII.

Temperature of the Air and Ground, Rainfall, Sunshine, and Wind, in each Month of the Year 1915 Observed at the Birmingham and Midland Institute Observatory, Edgbaston,

by Mr. Alfred Cresswell.

Miles of	WIND.	Above or below the average.	+1250	+1055	- 360	+ 291	+ 338	-1444	+ 402	-1416	<u> </u>	-2070	- 578	+ 196
Mn	M	1915.	11318	10618	10157	9757	9358	6851	8685	7094	7270	6851	8771	10810
i	DAYS ON WHICH 0.01 INCH	OR MORE OF RAIN FELL.	16	21	∞	12	13	∞	23	14	L-	10	10	56
ALL IN	ES,	Above or below the average.	+ 0.89	+ 2.14	- 1.15	- 0.47	+ 0.07	- 0.85	+ 3.99	- 1.35	- 1.03	- 0.82	+ 0.28	+ 1.99
RAINFALL IN	INCHES	1915.	2.80	3.69	0.84	1.07	2.14	1.37	6.18	1.53	0.64	1.94	2.54	4.72
Hours of	HINE.	Above or below the average.	9	+ 29	- 12	+ 10	+	+ 33	- 22	 1	+ 55	- 30	+ 14	- 10
Hour	Sunshine,	1915.	28	80	75	127	197	180	121	108	168	40	51	17
TEMPERATURE OF THE GROUND.	Maximum	at 4 feet deep.	45.0	44.0	44.0	44.7	48.2	51.8	53.0	54.3	54.3	53.6	50.5	45.8
TEMPERATURE GROUND.	Maximum	at 1 foot deep.	43.6	42.7	44.0	47.2	53.2	58.1	9.76	58.6	59.0	52.0	45.9	44.2
	Mean he Month.	Above or below the average.	+ 0.8	+ 0.2	- 0.2	+ 2.0	:	+ 0.8	- 3.1	+ 0.4	8·0 +	- 0.3	- 5.3	+ 1.0
	Mean tor the Month.	1915.	38.5	38.9	41.0	47.5	51.5	58.0	57.5	59.7	56.4	48.3	9.78	40.0
Темрекатике ог тие Аів.	est shade.	Above or below the previous lowest.	+ 19.6	+ 19.0	8.9 +	+ 6.3	+ 2.3	+ 4.1	9.2 +	+ 3.7	+ 3.5	0.2 +	+ 3.0	+ 11.6
MPERATURE	Lowest in the shade.	1915.	30.4	27.0	25.8	33.0	33.3	41.7	47.1	44.9	36.5	34.9	23.0	26.0
Th	hest shade.	Above or below the previous highest.	- 2.5	- 12.0	- 8.7	- 9.4	- 6.2	0.9 –	- 17.6	- 20.8	- 16.0	- 14.2	- 10.3	- 3.8
	Highest in the shade,	1915.	55.5	49.9	6.73	9.69	72.4	6.92	6.02	73.1	74.6	62.3	51.3	53.0
	Month.		JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	Aug.	SEPT.	Ocr.	Nov.	DEC.

* In the twenty-eight years 1887-1914.

TABLE IX.

Meteorology and Mortality in each week of the year 1915.

Week.					.dn	DEATHS FROM					TEMPERATURE				-e-	ine.	les.	
	Total Deaths. Deaths under 1 year.		ler	and 1			and	zis.	ms of sis.	y.	of the Air.			of Ground		unsh	I Inch	
No.			Deaths und I year.	Deaths 65 and	Measles.	Whooping Cough.	Diarrhea : Enteritis under 2.	Pulmonary Tuberculosis.	Other Forms Tuberculosis.	Respiratory Diseases.	Highest in Shade.	Lowest in Shade	Mean of Daily Maxima and Minima.	Highest 4 Feet Deep.	Ē 44	Hours of Sunshine.	Rainfall in Inches	
1 2 3 4	Jan.	9 16 23 30	338 299 274 296	72 54 43 51	92 90 69 99	18 25 22 22	1 2 —	8 5 8 —	24 18 20 20	3 6 2 5	96 67 54 65	44.8 55.5 46.6 39.9	32·4 33·3 30·4 30·4	39·3 42·9 37·6 35·0	44·6 45·0	2,511 3,434 2,701 1,416	7·0 4·7 5·5 3·3	1·23 0·73 0·62 —
5 6 7 8	Feb. "	6 13 20 27	298 284 318 295	55 41 65 65	78 88 87 75	20 15 19 17	$\begin{bmatrix} 1 \\ -2 \\ - \end{bmatrix}$	2 4 8 5	22 23 25 28	9 3 4 5	74 72 87 50	49·8 46·2 47·8 45·9	32.4 28.6 30.0 27.0	42.6 38.0 40.1 36.1	44·0 43·9	3,119 2,283 2,801 2,302	9·9 20·7 19·4 28·6	1·08 1·22 1·07 0·22
9 10 11 12	Mar.	6 13 20 27	275 277 314 335	49 40 47 69	81 86 91 83	16 15 24 22	 1 3 5	3 4 3 5	32 20 20 25	3 1 5 4	66 72 72 84	55·3 51·0 48·3 57·9	31.9 28.5 28.6 26.8	43·4 41·1 40·4 41·9	43·6 43·9	3,196 2,205 2,601 1,783	14·9 7·8 12·1 20·1	0·61 0·05 0·10 0·29
13 14 15 16	April	3 10 17 24	348 310 298 288	54 60 48 56	84 100 96 83	26 10 10 7	4 6 7 2	6 5 3 3	22 29 29 29	3 3 5 5	88 85 67 78	53·1 55·4 54·3 57·6	25·8 34·0 35·4 33·0	39·0 44·1 45·7 44·2	43·8 44·0	1,706 2,958 1,808 1,796	22·9 40·3 18·3 14·9	0·17 0·52 0·22 0·17
17 18 19 20 21	May	1 8 15 22 29	278 216 223 245 212	57 36 32 44 29	76 56 58 71 48	13 7 7 12 5	3 2 1 1 4	2 5 4 4 3	31 19 22 36 19	10 5 3 8 2	68 41 40 36 41	69·6 70·2 66·7 68·7 72·4	36·0 36·1 33·3 38·3 39·9	51.3 52.7 46.5 53.0 55.5	46.0 46.8 46.8	2,582 2,009 2,123 1,896 2,618	50·2 42·8 39·6 35·0 74·8	0·09 0·26 1·30 0·49
22 23 24 25	June	5 12 19 26	195 246 180 186	35 35 38 29	54 57 45 38	10 11 8 9	4 2 3 4	4 4 1 5	12 36 21 18	12 10 10 4	29 27 28 16	72·1 76·9 73·3 72·6	36·0 50·0 41·7 43·9	53·9 62·0 55·9 56·8	50·4 51·1	1,507 1,331 1,959 1,797	43·5 46·7 54·9 48·1	0·10 0·64 — 0·58
26 27 28 29 30	July ,, ,, ,,	$ \begin{array}{c} 3 \\ 10 \\ 17 \\ 24 \\ 31 \end{array} $	202 175 192 174 173	34 36 34 33 37	53 38 45 47 46	4 7 5 5 2	$\begin{array}{c c} 1\\1\\2\\1\\2\end{array}$	5 5 6 7 2	25 20 15 10 17	5 3 4 3 1	27 20 19 23 18	69·9 70·9 65·9 67·6 67·5	50·3 48·0 47·1 49·3 47·3	59·8 58·6 56·1 57·8 56·8	52·5 53·0 53·0	1,253 1,956 2,354 2,262 1,508	12·6 33·1 37·9 23·8 49·4	0.13 2.49 2.18 0.78 0.66
31 32 33 34	Aug.	7 14 21 28	176 174 185 220	33 25 41 66	47 42 42 43	1 1 3 1		12 9 23 38	19 16 11 21	$\begin{array}{c}4\\2\\6\\7\end{array}$	27 23 16 19	70·6 73·1 67·9 72·4	50·2 50·1 49·3 49·9	60·0 62·4 59·1 59·9	$54.0 \\ 54.3$	1,554 1,390 1,783 1,430	18.5 40.0 28.3 28.2	0·84 0·27 0·08 —
35 36 37 38	Sept.	$\begin{array}{c} 4 \\ 11 \\ 18 \\ 25 \end{array}$	223 226 215 235	74 77 61 74	41 50 49 48	$\frac{1}{2}$	4 2 2 1	47 47 35 45	20 15 12 23	4 2 7 3	26 21 23 34	64·4 71·7 74·6 67·5	40·1 43·1 50·0 40·3	53·2 58·8 62·5 57·0	53·8 54·0	1,937 1,448 1,616 1,688	31·3 58·4 30·8 27·4	0·48 — 0·05 0·22
$\begin{vmatrix} 39 \\ 40 \\ 41 \\ 42 \\ 43 \end{vmatrix}$	Oct.	2 9 16 23 30	234 245 215 209 228	70 68 53 55 43	52 63 52 48 57	$\begin{array}{c} 1 \\ -1 \\ 5 \\ 3 \end{array}$	2 1 2 1 5	39 40 26 21 7	24 15 22 21 22	$\begin{array}{c} 4 \\ 10 \\ 6 \\ 2 \\ 4 \end{array}$	30 40 35 30 49	62.0 56.8 62.3 54.5 55.0	36.5 40.0 46.2 36.9 34.9	47·3 49·8 53·2 47·5 44·7	$53 \cdot 1$ $52 \cdot 2$ $52 \cdot 2$	1,878 1,360 1,402 1,135 2,089	22.5 5.7 9.1 2.6 19.4	0.57 0.08 0.08 0.10 1.13
44 45 46 47	Nov.	6 13 20 27	245 233 259 253	49 41 40 41	64 57 81 70	4 1 —	3 4 1 5	9 7 7 4	19 28 34 14	4 3 4 5	53 56 49 64	45·8 51·3 43·6 42·6	31·2 32·4 27·7 23·6	40·3 40·9 35·5 34·1	49·3 48·2	2,335 2,887 1,698 1,585	13·2 13·5 25·4 7·7	0.25 2.32 0.10 0.01
48 49 50 51	Dec.	4 11 18 25 6.	286 264 236 252	45 36 45 38	104 87 69 78	1 _ _	1 4 3 4	6 8 6 9	25 26 21 24	3 4 3 1	64 61 46 56	50·2 53·0 46·5 50·1	23·0 32·0 29·1 26·0	38.6 42.9 36.9 40.4	$45.8 \\ 45.7$	1,856 2,698 2,346 2,032	3·3 9·6 3·7 0·3	1·22 1·23 0·69 0·79
52	Jan.	1	259	37	93		4	5	22	2	74	54.6	33.8	44.7	45.2	3.710	6.8	1.10



